**-1-** Application No.(For office use only)

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|  | *राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर)*  ***National Institute of Pharmaceutical Education & Research (NIPER)***  सैक्टर-67, एस॰ ए॰ एस॰ नगर (मोहाली), पंजाब – **160062** |

**APPLICATION FORM FOR TEMPORARY POSITIONS UNDER CoE**

**(TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)**

Please affix

a recent

passport size

photograph

Advertisement No.: **06/2025, dated 14.06.2025**

Post applied for: Post Code:

1. Fee Paid: Rs. 500/ NEFT Transaction Id. & Date:

OR **EXEMPTED** [Please refer Clause No. 5(ii) of the advertisement and mention category]:

1. Name of the applicant

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| Married |  |  | Single |  |  | Male |  | Female |  | Transgender |  |

1. Father’s Name / Husband’s Name (please tick)

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1. Address: Present (for communication)

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|  | **PIN** |  |  |  |  |  |  |

1. Address: Permanent

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|  | **PIN** |  |  |  |  |  |  |

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| Fax: |  | |
| E-Mail: |  | |
| Telephone: | Office: | Residence: |

Day Month Year

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6. | Date of Birth |  |  |  |  |  |  | 7. | Age as closing date of application | Years/months/days |

(i.e. on 30.06.2025)

7. Nationality:

8. Present Employment, if any:

|  |  |
| --- | --- |
| Designation: |  |
| Organisation: |  |
| Date of Joining: |  |
| Pay Band (PB)/Pay Level |  |
| Basic Pay |  |
| Total Emoluments (Per month)(Rs.): |  |

**-2-**

9. Tick-Mark the appropriate Box (Please attach a copy of the documentary proof):

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| GEN |  |  | SC |  |  | ST |  |  | OBC |  |  | PwBD |  |  |  |  |  |  |

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| 10. | Total years of relevant experience:  **(Please attach separate sheet containing all details along with proof):** | **DD** | **MM** | **YY** |
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| 11. | Areas of specialization: |  |
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|  |  |  |
| 12. | Ph. D. Thesis Title, wherever applicable: |  |

13. Please mention below best five research publications, if any, and attach separate list of all

publications:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Year** | **Title of Publication** | **Name of Journal** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

14. Academic Record starting with secondary education (Please attach photo copies of certificates/Mark Sheets etc.)

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| **Examination** | **Branch/**  **Specialization** | **Board/College/ Univ./ Institution.** | **Year of passing & degree awarded** | **%age of marks** | **Division** |
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-**3-**

15. List of patents, if any [Please attach separate sheet]:

16. Employment details, if any [Please attach photo copies of experience certificates]:

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| --- | --- | --- | --- | --- | --- | --- |
| Employer | Position held  (Regular / Contractual) | Duration  (**Exact dates to be given**) | | Total period  (yy/mm/dd) | Basic pay with scale of pay | Detailed description about nature of duties performed & performing\*  (**Mandatory**) |
| From | To |
|  |  | / / | / / |  |  |  |
|  |  | / / | / / |  |  |  |
|  |  | / / | / / |  |  |  |
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\* Please attach separate sheet (s) with complete description of the duties performed & being performed, failing which, application may not be considered.

17. Special Awards/Honours received, if any:

|  |  |  |
| --- | --- | --- |
| **Year** | **Name of award/honour** | **Name of organization** |
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18. Name & Address of three Referees (should be your reporting officer(s) and/or employer(s) in the previous and present employment(s) **(Mandatory)**

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| **Sl. No.** | **Name** | **Occupation/Position** | **Official Address** | **Contact Information** |
| 1. |  |  |  | Phone:  Fax:  Email: |
| 2. |  |  |  | Phone:  Fax:  Email: |
| 3. |  |  |  | Phone:  Fax:  Email: |

**-4-**

**DECLARATION**

I do hereby solemnly declare that the information given, the statements made and documents attached with this application form are correct and true to the best of my knowledge and belief. If any information/statement/document is found to be incorrect/false, my candidature/appointment is liable to be cancelled.

There are \_\_\_\_\_\_\_\_\_\_ attached sheets along with this form.

**Date:**

**Place:**  **(Signature of the applicant)**

**(Note: Use separate sheet if necessary for any of the above items.)**

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**SYNOPSIS**

**(To be filled and submitted along with the completed application form) (Advt. No. 06/2025)**

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| 1. | Post applied for | |  |
| 2. | Name | |  |
| 3. | Complete address for communication | |  |
| 4. | Contact No. | |  |
| 5. | Email Id | |  |
| 6. | Date of Birth | |  |
| 7. | Category (UR/SC/ST/OBC/EWS) sub Category (PH/XSM)  (Copy of valid caste certificate is attached) | |  |
| 8. | Age as on **30.06.2025** (last date of receipt of applications) (Please attach copy of matriculation certificate) | | YY MM DD |
| 9. | Details of application fee paid | **Fee Exempted** | NEFT Transaction Id. Date: Amount: |
| 10. | Whether application sent through proper channel in prescribed format (Yes / No)/Not applicable | |  |

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| **EXPERIENCE**  **(Details should be exactly as per certificate(s) attached)**  **[Exact dates to be given – in sequence starting from present employment]** | | | | | | | | | | | |
| **Designation** | **Pay band (PB) & Grade Pay/Pay Level**  **and Gross salary** | **Complete Office address with contact numbers and email id of the Employer & Reporting Officer** | **FROM** | | | **TO** | | | **EXACT TOTAL DURATION** | | |
| **Date** | **Month** | **Year** | **Date** | **Month** | **Year** | **Years** | **Months** | **Days** |
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**(Signature of the candidate)**

**-6-**

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| **EDUCATIONAL QUALIFICATION**  **(Details should be exactly as per final mark-sheet/certificate(s) and degrees attached)**  **[Exact month and year of passing the examination should be given]** |

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| **Examination**  **(From 10th onwards)** | **Branch/**  **Specialization** | **Subjects** | **Board/College/ Univ./ Institution** | **Month and year**  **of passing exam**  **(Copy of final Marksheet attached)** | **Month & Year of degree awarded**  **(Copy of degree attached)** | **%age of marks** | **Division** |
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**(Signature of the candidate)**

**REMARKS:**

**(FOR OFFICE USE ONLY)**

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| --- | --- | --- | --- |
| **Qualification:** |  | **Through proper channel:** |  |
| **Experience:** |  | **Received on:** |  |
| **Age:** |  | **Any other point:** |  |
| **Fees:** |  |