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

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|  | *राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान )नाईपर)***NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH** सैक्टर- 67, एस॰ ए॰ एस॰ नगर (मोहाली), पंजाब – **1 6 0 0 6 2****Sector-67, S. A. S. Nagar (Mohali), Punjab- 160062**(Department of Pharmaceuticals, Ministry of Chemicals & Fertilizerswww. niper.gov.in, Ph: 0172-2292000, 2214682-83 & 2214688 |

**APPLICATION FORM FOR FACULTY POSTS**

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

Please affix

a recent

passport size

photograph

Advertisement No.: **11/2025, dated 28.06.2025**

Post applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialization: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Post Code: | **F** | **-** |  |  |  |

PwBD

Female

1. Fee Paid: Rs. 1,000/- OR **EXEMPTED**  SC ST

 If paid, NEFT Transaction Id. :\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : / /2025

1. Name of the applicant:

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1. Martial Status (please tick):

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| --- | --- | --- | --- | --- | --- |
| Married  |  |  |  | Single  |  |

1. Gender (please tick):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Male |  |  | Female |  |  | Transgender  |  |

1. Mother’s Name:

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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** |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Mobile No.: |  |
| E-Mail: |  |
| Telephone No., if any: | Office: | Residence: |

**-2-**

 Day Month Year

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| 9. | Date of Birth |  |  |  |  |  |  | 10. | Age as on 28.07.2025 | Years/months/days |

1. Category (please tick): (Please attach a copy of the supporting document)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  GEN |  |  | EWS |  |  | SC |  |  |  ST |  |  | OBC  |  |  |  PwBD |  |   | ExSM |  |

12. Nationality:

Indian

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| 13. | Aadhaar Card No.:  |  |

14. Present Employment details:

|  |  |
| --- | --- |
| Organization |  |
| Designation |  |
| Date of Joining |  |
| Employment Type (Temporary/Adhoc/Regular) |  |
| Pay Band (PB)/Pay Level |  |
| Basic Pay  |  |
| Total Emoluments (Per month)(in Rupees) |  |
| Date of next Increment |  |

15. Pay expected (Rs.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 16. | Total years of teaching / research / industrial experienceas on the last date of receipt of application, excluding duration of Ph. D. (Please attach proof):  | **DD** | **MM** | **YY** |
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|  17. | Areas of specialization: |  |
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18. Please mention below best five research publications as first author or corresponding author and

 **attach separate list of all publications in the same format\***:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of Journal** | **Year, Vol. Page Nos.** | **Authors** | **Title of Paper/Article** | **Impact Factor** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

**\*It is mandatory to provide a complete list of all publications in the above format and first page of research paper is also required to be attached for claimed publications.**

19. Academic Record starting with secondary education up to Post Graduation:

 (Please attach self attested photo copies of certificates/Mark Sheets etc.)

|  |  |  |  |  |  |
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| **Examination** | **Subjects** | **Board/College/ Univ./ Institution.** | **Year of passing/Date of result, if available** | **%age of marks** | **Division** |
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20. Ph. D. Details (Please attach self attested copy of degree):

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| --- | --- | --- | --- |
| **University** |  | **Subject** |  |
| **Title of Thesis** |  |
| **Name of Supervisor** |  | **Date of Registration, if available** |  |
| **Date of Ph. D. notification, if available** |  | **Date of award of degree** |  |

21. List of patents [Please write NIL in case of no information]:

|  |  |  |
| --- | --- | --- |
| **Sl. No.** |  | **Title/Year/Number** |
| **1.** | **Patents filed** |  |
| **2.** | **Granted** |  |
| **2.** | **Technology Transfer/Licence** |  |

22. No. of Ph. D. Students supervised:

i. Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ii. Ongoing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. No. of Masters Students supervised:

1. Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ii. Ongoing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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24. Extramural Research Projects:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Title of Project** | **Funding Agency** | **Completed/****Ongoing** | **Amount Mobilized (Rs. Lakhs)** | **Role (PI/Co-PI)** |
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25. Consultancy Projects:

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| **Sl. No.** | **Title of Project** | **Company/Industry** | **Completed/****Ongoing** | **Amount Mobilized (Rs. Lakhs)** | **Role (PI/Co-PI)** |
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26. Employment details [Please attach self attested 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 DD/MM/YY | ToDD/MM/YY |
|  |  | / / | / / |  |  |  |
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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.

27. Special Awards/Honours received, if any:

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

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

29. Statement of objectives:

|  |
| --- |
| 1. Please indicate as to why you wish to join NIPER?
2. How do you meet the job requirements, as advertised?
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30. Details of any pending Vigilance/Departmental Inquiry/ Civil Police/ Criminal case/ CBI case etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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31. Details of penalties imposed, if any, during last ten years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**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 in any stage, my candidature/appointment is liable to be cancelled and that I stand to be subjected to legal/disciplinary proceedings.

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

**Date:**

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

**Endorsement by the Head of the Institution or Office**

Candidate already employed in Central Govt./State Govt./Autonomous Bodies/PSUs should get the following endorsement signed by his/her present employer

No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forwarding of application of Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name & Designation) to the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Specialization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through proper channel.

It is certified that:

1. The information furnished by Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_ has been verified from official records and found to be correct.

2. No disciplinary/ departmental enquiry is either pending or contemplated against \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that he/she is not undergoing any penalty.

3. His/ Her integrity is beyond doubt.

Signature…………..……..……………

Name…………………………………..

Designation…………..….……………

 Stamp:

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**SYNOPSIS**

**(To be filled and submitted alongwith the completed application form) (Advt.No.11/2025)**

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| --- | --- | --- | --- | --- | --- | --- |
| 1. | Post applied for  |  **Post Code:** |  |  |  |  |
| 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 **28th July, 2025** (last date of receipt of applications) (Copy of matriculation certificate is attached) |  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 |  |

|  |
| --- |
| **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)**

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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)**

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