



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 PROJECT POSITION (SP-230)
 (TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)

Advertisement No.: **08/2025, dated 13.06.2025**

Post applied for: **Post-Doctoral Fellow/Research Associate (Formulation & Development)**

[Under a project titled '**Development of Directly Compressible Crystal Grade Materials**' [SP-230] sponsored by Granules India Limited (GIL)]

Please affix
a recent
passport size
photograph

1. Fee Paid: NEFT Transaction Id. & Date:

OR **EXEMPTED** [Please refer Clause No. 10(ii) of the advertisement and mention category]:

2. Name of the applicant

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Married ☐ Single ☐ Male ☐ Female ☐ Transgender ☐

3. Father's Name / Husband's Name (please tick)

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4. Address: Present (for communication)

PIN <input style="width: 100px;" type="text"/>

5. Address: Permanent

PIN <input style="width: 100px;" type="text"/>

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

6. Date of Birth

Day	Month	Year

7. Age as closing
date of
application
(i.e. on 30.06.2025)

Years/months/days

7. Nationality:

8. Present Employment, if any:

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

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

GEN		SC		ST		OBC		PH	
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10. Total years of teaching / research / industrial experience as on the last date of receipt of application (Please attach proof):

DD	MM	YY

11. Areas of specialization:

12. Ph. D. Thesis Title:

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.)

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

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

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

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			
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			

* 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

18. Name & Address of three Referees (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:

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.)