

राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर) NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH सैक्टर67-, एस॰ ए॰ एस॰ नगर (मोहाली), पंजाब -160062

(Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers www. niper.gov.in, Ph: 0172-2292000, 2214682-83 & 2214688

APPLICATION FORM FOR THE POST OF NON-TEACHING POSITIONS (TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)

Advertisement No. 11/2022 Please affix a recent Post applied for: (Write in Block Letters) passport size photograph Rs. 1. Fee Paid: DD No.: Date 2. Name of the applicant Married Single Male **Female** Transgender 3. Father's Name] / Husband's Name[(please tick) 4. Address: Present (for communication) PIN 5. Address: Permanent PIN Fax: E-Mail: Telephone: Office: Residence: Day Month Year Date of Birth 7. Age as on closing Years/months/days 6. date of applications (i.e. 17th October, 2022): 8. Nationality: 9. Present Employment: Designation: Organisation: Date of Joinina: Pay Band (PB)/Pay Level Basic Pay Total Emoluments (Per month) (Rs.):

10.	Pay expec	:ted (Rs.):						
11.	Tick-Mark t	he appropriate Box	(Please atto	ach a copy of the docun	nentary proof)			
	GEN	SC S	Т	OBC	PH	XSM		
2 2.1	-	e as on the last date e candidates applyi				DD	MM	YY
	,	tal years of post esse	ential ec	lucational qualific	ation experience)		
					M.Sc.; O F			
					M.Pharm			
2.2	Only for the advertisement).	e candidates applyi	ng for th	e posts at SI. No.	(refer detailed	DD	MM	YY
				As Ex-J	CO or equivalen	t		
	Only for the	e candidates applyii	og for th	o posts at SI No	IV (f -ti	DD	MM	YY
2.3	advertisement).		ng ioi iii	e posis di 31. 110.	(refer defalled		14/14/	' '
			_		Total Experience			1
			Exp	perience as Steno	grapher Grade-C			<u> </u>
2.4	Only for the	e candidates applyi	ng for th	e posts at SI. No.	V (refer detailed	DD	MM	YY
2.4	advertisement).		_	•		_		
		roral years arre	Bache	elors' degree in Co	omputer sciences	S		
13.	Areas of sp	ecialization						
14.	Academic R	ecord starting with s	econda	rv education (Pleas	e attach photo copies c	of certifica	tes/Mark S	heets etc.)
	camination	Branch/	Board	/College/ Univ./	Year of passing & degree	%0	age of	Divisio
		Specialization		Institution.	awarded	r	narks	

^{16.} EMPIOYMENT [Please attach photo copies of experience certificates]

	.		ation to be given)		Basic pay	Detailed description
Employer	Position held (Regular / Contractual)	From	То	Total period (yy/mm/dd)	with scale of pay	about nature of duties performed & performing* (Mandatory)
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			

^{*} Please attach separate sheet (s) with complete description of the duties performed & being performed, failing which, application may not be considered.

17.	vards/Honoui	

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)

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

a) Please indicar	e as to why you wish t	ed, use separate sheet) to join NIPER?		
b) How do you	neet the job requirem	ents, as advertised?		
		Use Sepai	rate sheet	

20.	Details of any pending Vigilance/Departmental Inquiry/ Civil Police/ Criminal case/ CBI case etc.:
21.	Details of penalties imposed, if any, during last ten years:

DECLARATION

I, hereby,	, declare	that all	entries ir	n this fo	orm (as well	as	attached	sheets	are	true	to	the	best	of	my
knowledg	ge and b	elief and	d nothing	has be	en c	concea	led									

There are	attached sheets a	long with this form.
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Date:

(Signature of the applicant) Place:

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

Endorsement by the Head of the Institution or Office

Candidate already in employment should get the following endorsement signed by his/her present employer

NO		Date
Forw	rarded application of Dr./ Shri / Ms	(Name & Designation).
It is c	certified that:	
1.	The information furnished by Dr./ Shri / M verified from official records and found to be	s has been e correct.
2.	, , ,	partmental enquiry is either pending or contemplated and that he/she is not undergoing any penalty.
3.	His/ Her integrity is certified.	
		Signature
		Designation
		Stamp:

SYNOPSIS

(To be filled and submitted alongwith the completed application form) (Advt.No.11/2022)

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) / Sub Category (PH/XSM) (Copy of valid caste certificate is attached)						
8.	Age as on 17 th October, 2022 (last date of receipt of applications) (Copy of matriculation certificate is attached)		YY	MM	DD		
9.	Details of application fee paid	DD No.		Dated	d:	Amount:	
10.	Whether application sent through proper channel in prescribed format (Yes / No)						

EXPERIENCE

(Details should be exactly as per certificate(s) attached)
[Exact dates to be given – in sequence starting from present employment]

EXACT TOTAL Pay band (PB) & **FROM** TO **DURATION** Complete Office address with contact numbers Designation Grade Pay and email id of the Employer & Reporting Officer Months and Gross salary Date Month Year Month Year Days Date Years

(Signature of the candidate)

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]

Examination (From 10 th 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

(Signature of the candidate)

REMARKS: (FOR OFFICE USE ONLY)

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