

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)

Advertisement No.: 06/2025, dated 14.06.2025	5					,	Dlagga	offix
Post applied for:	Post Code:					Please affix a recent passport size photograph		
1. Fee Paid: Rs. 500/ NEFT Transaction Id. 8	& Date:							
OR EXEMPTED [Please refer Clause No. 5(ii) o 2. Name of the applicant	of the advertiser	nent and r	nention c	ategor	y]:			
Married Single	Male	Female		Tran	sgend	der		
3. Father's Name / Husband's Name	(please tick)							
4. Address: Present (for communication)								
5. Address: Permanent		PI	IN .					
		PI	N					
Fax:								
E-Mail:	1							
Telephone: Office:		lence:						
6. Date of Birth	7. Age as closing date of application (i.e. on 30.06.2025)			Years	ars/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.):								

			OX (Please attach a copy of the doc					
	GEN	SC Screens	ST OBC	PwBD	DD	MM	YY	
		s of relevant expe h separate sheet contain	rice: ing all details along with proof):			MIM	11	
. A	Areas of sp	pecialization:						
	Ph. D. The applicable	sis Title, wherever e:						
	ease mer ublication		ve research publications,	if any, and atta	ch separate	list of a	II	
il. No.	Year	Year Title of Publication Name of Journal						
1.								
2.								
3. 4.								
5.								
	cademic	Record starting w	ith secondary education (Please attach photo	copies of certificat	es/Mark S	heets e	
Examir	nation	Branch/ Specialization	Board/College/ Univ./ Institution.	Year of passin & degree awarded	%age of marks	Di	vision	
				1				

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

16. Employment details, if any [Please attach photo copies of 6

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

^{*} 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)

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

DECLARATION

•	•	•			_				made and docu	
	informo	tion/state	ment/do	cument	is			,	· ·	my
There are _		_ attache	d sheets c	along witl	h this f	orm.				
Date:										
Place:							(Signatı	ure of the applica	nt)
(Note: Use separate sheet if necessary for any of the above items.)										

SYNOPSIS

			(To be filled and submitted alon	g with the complet	ed appli	ication fo	rm) (Adv	rt. No. 06	/2025)				
1.	Post applied for	or											
2.	Name												
3.	Complete add	dress for communic	cation										
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 app	lication fee paid	Fee Exempted	NEFT Transaction	n Id.				Date: Amount:				
10.		ication sent throughouthous	gh proper channel in prescribed										
			(Details should be [Exact dates to be given – i					ıt]					
D.	a sign ation	Pay band (PB) & Grade Pay/Pay	Complete Office address with	contact numbers		FROM			то			ACT TOTA	
D.	esignation	Level and Gross salary	and email id of the Employer &	Reporting Officer	Date	Month	Year	Date	Month	Year	Years	Months	Days

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

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:	