



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर)
National Institute of Pharmaceutical Education & Research (NIPER)
सैक्टर-67, एस० ए० एस० नगर (मोहाली), पंजाब - 160062

APPLICATION FORM FOR THE POSTION OF CONSULTANTS
(TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)

Advertisement No.: **Advt. No. 2/2024**

Post Applied for:

Please affix
a recent
passport size
photograph

1. Fee Paid: OR

If paid, NEFT Transaction Id. : _____ Date : / /2024

2. Full Name (in BLOCK LETTERS)

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

4. Address: Present (for communication)

5. Address: Permanent

Mobile No.:																				
E-Mail:																				
Telephone:	Office:													Residence:						

6. Date of joining of Government Service, if applicable: _____.

7. Date of Birth:

Day		Month		Year			
D	D	M	M	Y	Y	Y	Y

8. Age as on **08.04.2024**:

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

GEN SC ST OBC PwBD XSM

9. Whether physically handicapped (Yes/No): _____.

10. Date of retirement and post from which retired, if applicable (**enclose copy of retirement order**):
_____.

11. Name of the Ministry/Department/State Government/Autonomous Body/PSU from which retired, if applicable: _____
_____.

12. Last pay drawn (**applicable for retired employees only**) : _____ (**please enclose copy**).

13. PPO No. (**applicable for retired employees only**) : _____ (**please enclose copy**).

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. 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:

16. Details of computer knowledge: _____

17. Brief particulars of experience. Other relevant experiences may also be provided. **(Separate sheet may be attached).**

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.

18. Have you ever been discharged/suspended from any position? If yes, state reasons.

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)

(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. 02/2024)

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 08.04.2024 (Last date of receipt of application form)	YY MM DD				
9.	Details of application fee paid	<table border="0"> <tr> <td>EXEMPTED</td> <td>NEFT Transaction Id.:</td> <td>Dated:</td> <td>Amount:</td> </tr> </table>	EXEMPTED	NEFT Transaction Id.:	Dated:	Amount:
EXEMPTED	NEFT Transaction Id.:	Dated:	Amount:			

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 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

(Signature of the candidate)

.....Contd. next page

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 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

(Signature of the candidate)

REMARKS:
(FOR OFFICE USE ONLY)

Qualification:	Any other point:
Experience:	
Age:	
Fees:	