

राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर) NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH सैक्टर- 67, एस॰ ए॰ एस॰ नगर (मोहाली), पंजाब -160062

Sector-67, S. A. S. Nagar (Mohali), Punjab- 160062

(Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers www. 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)

dvertisement No st applied for: _													Please	affix
ecialization:													a rec passpo	rt size
	T							-					photo	graph
st Code:	F	-												
Fee Paid:	Rs. 1,00	00/-	OR E	XEMPTE	D S	c [ST	Femo	ale	PwBD)			
If paid, NEFT	Transactio	on ld. :						_ Date	:	/ /:	2024			
Name of the	e applican	nt:												
Martial State Married	JS (please tick		ngle		<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Gender (plea Male	ise tick):		Femo	ale				Tro	nsger	nder				
Mother's No	ıme:	, ,		•	1	ı				1	T	1	,	
Father's Nar	me /	L Husbanc	d's Nar	ne ∏≀	please t	ick):								
Address - Pro	esent (for a	commur	nicatio	n):				PIN						
Address - (P	ermanent)	:												
								l post		Г	Γ	Г	T	T
Mobile No.	.							PIN					<u> </u>	<u> </u>
	•													
E-Mail:														
Telephone No., if any:		e:					Re	sidenc	e:					

9.	Date of Birth Day Month Year 10. Age as on 06.05.2024 Years/months/days								
11.	Category (please tick): (Please attach a copy of the supporting document) GEN								
12.	Nationality: Indian								
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.):								
16.	Total years of teaching / research / industrial experience as on the last date of receipt of application, excluding duration of Ph. D. (Please attach proof):								
17.	Areas of specialization:								

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:

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

19. Academic Record starting with secondary education up to Post Graduation: (Please attach self attested photo copies of certificates/Mark Sheets etc.)

Examination	Subjects	Board/College/ Univ./ Institution.	Year of passing/Date of result, if available	%age of marks	Division

 $20. \quad \text{Ph. D. Details (Please attach self attested copy of degree):} \\$

University	/			Subject	
Title of Th	esis				
Name of				Data of	
Name of Supervisor				Date of Registration, if	
				available	
Date of P	b D			Date of	
notificati	on, if			award of	
available				degree	
21. List	of patents	[Please write NIL in	n case of no information]:		
SI. No.			Title/Year/Number		
1.	Patents file	ed			
2.	Granted				
2.	Technolog				
	Transfer/L	icence			
22. No	. of Ph. D. S	itudents supe	rvised:		
i.	Completed	d:	, ii. Ongoing:		
23. No. of Masters Students supervised:					
i.	Completed	d:	, ii. Ongoing:		

24. Extramural Research Projects:

SI. No.	Title of Project	Funding Agency	Completed/ Ongoing	Amount Mobilized (Rs. Lakhs)	Role (PI/Co-PI)

25. Consultancy Projects:

SI. No.	Title of Project	Company/Industry	Completed/ Ongoing	Amount Mobilized (Rs. Lakhs)	Role (PI/Co-PI)

26. Employment details [Please attach self attested photo copies of experience certificates]:

	Daviliana la alal		Duration (Exact dates to be given)		Basic pay	Detailed description	
Employer	Position held (Regular /	From	То	Total period	with scale of	about nature of duties performed	
	Contractual)	DD/MM/YY	DD/MM/YY	(yy/mm/dd)	pay	& performing* (<u>Mandatory</u>)	
		/ /	/ /				
		/ /	/ /				
		/ /	/ /				
		/ /	/ /				
1							

^{*}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:

Year	Name of award/honour	Name of organization

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):

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

29.	Statement	of	ob	iectives:

a) Please indicate as to why you wish to join NIPER?

b)	How do you meet the job requirements, as advertised?	

30. Details of any pending Vigilance/Departmental Inquiry/ Civil Police/ Criminal case/ CBI co							
31.	Details of penalties imposed, if any, during last ten years:						
	I do hereby solemnly declare that the information given, the attached with this application form are correct and true to the any information/statement/document is found to be candidature/appointment is liable to be cancelled and legal/disciplinary proceedings.	e best of my knowledge and belief. If incorrect/false in any stage, my					
	There are attached sheets along with this form.						
	Date: Place:	(Signature of the applicant)					
۷o	following endorsement signed by his/her pres	Date					
he p	arding of application of Dr, Specialization_ bost of, Specialization_ ugh proper channel.	(Name & Designation) to					
	ertified that:						
	The information furnished by Dr. verified from official records and found to be correct.	has been					
	No disciplinary/ departmental enquiry is either pe and that he/she is not und						
.	His/ Her integrity is beyond doubt.						
		Signature					
		Name					
		Designation					
		Stamp:					

SYNOPSIS

		(1	o be filled and submitted alongwit	th the completed a	pplicatio	on form)	(Advt.No	.03/2024	1)				
1.	Post applied for								Post Co	de:			
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 6 th May, 2024 (last date of receipt of applications) (Copy of matriculation certificate is attached)			YY		MM	DD						
9.	Details of app	lication fee paid	Fee Exempted	NEFT Transaction Id. Date: Amount:									
10.	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	Complete Office address with a	contact numbers	FROM			то			EXACT TOTAL DURATION		
		Level and Gross salary	and email id of the Employer &	Reporting Officer	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:		