

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 FACULTY POSTS
(TO BE TYPES BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)

Adve	ertisement No.:	05/2024, date	ed 20.07.2024	4								
Post	applied for:					(Write	in Bloc	ck Let	ters)		Please a rec	ent
Post	Code:										passpor	
1.	Fee Paid:	Rs. 1,000/-	OR EXEMP	PTED SC	S S	Γ Femo	ale	PwBD				
	If paid, NEFT Tra	ınsaction Id. :_				Date	e: /	/ /2	2024			
2.	Name of the ap	oplicant:										
3.	Martial Status (p		ingle		·							
4.	Gender (please tid	ck):	Female			Tro	nsgen	der				
5.	Mother's Name	:									1	
6.	Father's Name	/ Husban	d's Name	(please tid	ck):							
7.	Address - Prese	nt (for commu	inication):									
•	7.1030		riicanorij.			Law					ı	
8.	Address - (Perm	ianent):				PIN						
.	Address (Ferri	Mileniy.				PIN					I	
	Mobile No.:									1	1	
	E-Mail:											
	Telephone No., if any:	Office:				Residenc	ce:					

9.	Date of Birth Day Month Year 10. Age as on 19.07.2024 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 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

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2().	Ph D Details	(Please attach	copy of degre	e).

University	Subject
Specialization	Title of Thesis
Name of Supervisor	Date of Registration, if available
Date of Ph. D. notification, if available	Date of award of degree

21.	List of	patents	[Please	attach se	narate	sheetl	
		paidilla	II ICU3C	anach sc	paraic	3110011	

22	No of Ph D	Students supervised:	
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23. No. of Masters Students supervised: _____

24. 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 photo copies of experience certificates]:

	Position held		ation to be given)		Basic pay	Detailed description
Employer	(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.

27. Special Awards/Honours received, if any:

Year	Name of award/honour	Name of organization

28. 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:
				Fax:
1.				Email:
				Phone:
2.				Fax:
				Email:
				Phone:
3.				Fax:
0.				Email:

b)	Please indicate as to why you wish to join NIPER? How do you meet the job requirements, as advertised?
	Use Separate sheet, if required
	Is of any pending Vigilance/Departmental Inquiry/ Civil Police/ Criminal case/ CRI case etc.
 Detai	ls of any pending Vigilance/Departmental Inquiry/ Civil Police/ Criminal case/ CBI case etc.:
Detai	ls of any pending Vigilance/Departmental Inquiry/ Civil Police/ Criminal case/ CBI case etc.:
	Is of any pending Vigilance/Departmental Inquiry/ Civil Police/ Criminal case/ CBI case etc.: Is of penalties imposed, if any, during last ten years:
-	
do attacany cand	DECLARATION hereby solemnly declare that the information given, the statements made and document thed with this application form are correct and true to the best of my knowledge and belief. information/statement/document is found to be incorrect/false in any stage, meaning the statement in the
do attac any cand egal,	DECLARATION hereby solemnly declare that the information given, the statements made and document the with this application form are correct and true to the best of my knowledge and belief. information/statement/document is found to be incorrect/false in any stage, midature/appointment is liable to be cancelled and that I stand to be subjected to
do attac any cand egal,	DECLARATION hereby solemnly declare that the information given, the statements made and document thed with this application form are correct and true to the best of my knowledge and belief. information/statement/document is found to be incorrect/false in any stage, midature/appointment is liable to be cancelled and that I stand to be subjected to disciplinary proceedings. are attached sheets along with this form.

29.

Statement of objectives (If required, use separate sheet)

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

Endorsement by the Head of the Institution or Office

Candidate already employed in Central Govt./State Govt./Autonomous Bodies/PSUs should get the following endorsement signed by his/her present employer

No		Date
	arded application of Dr./ Shri / Ms e & Designation) through proper channel.	
It is ce	ertified that:	
1.	Dr./ Shri / Ms and presentlems	y holding the post of
2.	His/her charter of duties/job profile is attached as Annexure-1 (p	lease attach a separate sheet).
3.	No disciplinary/ departmental enquiry is either pen and that he/she is not und	
4.	His/ Her integrity is beyond doubt.	
5.	The information furnished by Dr./ Shri / Ms form has been verified from official records and found to be con	
		Signature
		Name
		Designation
		Stamp:

SYNOPSIS

		(To be filled and submitted alongwi	th the completed c	application	form) (Advt	.No.05/2024			
1.	Post applied fo	or						Post Code:		
2.	Name							<u> </u>	1	•
3.	Complete add	dress for communic	cation							
4.	Contact No.									
5.	Email Id									
6.	Date of Birth									
7.	Category (UR/ (Copy of v									
8.		August, 2024 (last culation certificate	date of receipt of applications) e is attached)	YY	MI	M	DD			
9.	Details of appl	ication fee paid	Fee Exempted	NEFT Transaction	n Id.			Date:	Amount:	
10.	Whether appli format (Yes / N		gh proper channel in prescribed							
			(Details should be ([Exact dates to be given – in			-	nent]			
		Pay band (PB) &		contact numbers		FROM		TO	EXACT T	_

Designation	Pay band (PB) & Grade Pay/Pay Complete Office address with contact numbers	FROM			то			EXACT TOTAL DURATION			
Designation	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:		