



**राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान [नाईपर]**  
**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH**  
**सैक्टर-67, ए० ए० एस० नगर (मोहाली), पंजाब -160062**  
 (Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers  
 www.niper.gov.in, Ph: 0172-2292000, 2214682-83 & 2214688

**APPLICATION FORM FOR NON FACULTY POSTS**

**(TO BE TYPED BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)**

Advertisement No.: **05/2024, dated 20.07.2024**

Post applied for: **STORE KEEPER**

Please affix  
a recent  
passport size  
photograph

Post Code: 

<b>NF</b>	-	<b>0</b>	<b>1</b>
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1. Fee Paid: 

Rs. 1,000/-
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 OR 

<b>EXEMPTED</b>
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SC
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ST
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Female
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PwBD
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If paid, NEFT Transaction Id. : \_\_\_\_\_ Date : / /2024

2. Name of the applicant:


3. Martial Status (please tick):

Married	<input type="checkbox"/>	Single	<input type="checkbox"/>
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4. Gender (please tick):

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgender	<input type="checkbox"/>
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5. Mother's Name:


6. Father's Name  / Husband's Name  (please tick):


7. Address - Present (for communication):

															<b>PIN</b>						

8. Address - (Permanent):

															<b>PIN</b>						

Mobile No.:																			
E-Mail:																			
Telephone No., if any:	Office:																Residence:		

9. Date of Birth  <sup>Day</sup>  <sup>Month</sup>  <sup>Year</sup> 10. Age as on 19.07.2024  Years/months/days

11. Category (please tick): (Please attach a copy of the supporting document)

GEN	<input type="checkbox"/>	EWS	<input type="checkbox"/>	SC	<input type="checkbox"/>	ST	<input type="checkbox"/>	OBC	<input type="checkbox"/>	PwBD	<input type="checkbox"/>	ExSM	<input type="checkbox"/>
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12. Nationality:

13. Aadhaar Card No.:

14. Present Employment details, if any:

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 experience as on the last date of receipt of application, (Please attach proof)

DD	MM	YY

17. Areas of specialization:


18. 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

19. Employment details [Please attach photo copies of experience certificates]:

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.

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20. 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:

21. Statement of objectives (If required, use separate sheet):

a) Please indicate as to why you wish to join NIPER?  
b) How do you meet the job requirements, as advertised?

Use Separate sheet, if required

22. Details of any pending Vigilance/Departmental Inquiry/ Civil Police/ Criminal case/ CBI case etc.:

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23. Details of penalties imposed, if any, during last ten years: \_\_\_\_\_

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**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.)**

### 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 \_\_\_\_\_

Forwarded application of Dr./ Shri / Ms. \_\_\_\_\_  
(Name & Designation) through proper channel.

It is certified that:

1. Dr./ Shri / Ms. \_\_\_\_\_ has joined on \_\_\_DATE\_\_\_ as \_\_\_\_\_DESIGNATION\_\_\_\_\_ and presently holding the post of \_\_\_\_\_DESIGNATION\_\_\_\_\_ w.e.f. \_\_\_DATE\_\_\_.
2. His/her **detailed** charter of duties/job profile duly certified is attached as Annexure-1 (please attach a separate sheet).
3. No disciplinary/ departmental enquiry is either pending or contemplated against \_\_\_\_\_ and that he/she is not undergoing any penalty.
4. His/ Her integrity is beyond doubt.
5. The information furnished by Dr./ Shri / Ms. \_\_\_\_\_ in application form has been verified from official records and found to be correct.

Signature.....

Name.....

Designation.....

Stamp:

**SYNOPSIS**

(To be filled and submitted alongwith the completed application form) (Advt.No.05/2024)

1.	Post applied for	Post Code: NF - 0 1			
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 <b>19<sup>th</sup> August, 2024</b> (last date of receipt of applications) (Copy of matriculation certificate is attached)	YY	MM	DD	
9.	Details of application fee paid <b>Fee Exempted</b>	NEFT Transaction Id.	Date:	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]

Designation	Pay band (PB) & Grade Pay/Pay Level 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)

**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 <sup>th</sup> 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:			