



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**

Post applied for: Post Code:

Please affix
a recent
passport size
photograph

1. Fee Paid: Rs. 500/ NEFT Transaction Id. & Date:

OR **EXEMPTED** [Please refer Clause No. 5(ii) of the advertisement and mention category]:

2. Name of the applicant

Married Single Male Female Transgender

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

4. Address: Present (for communication)

PIN <input type="text"/>

5. Address: Permanent

PIN <input type="text"/>

Fax:		
E-Mail:		
Telephone:	Office: <input type="text"/>	Residence: <input type="text"/>

6. Date of Birth Day Month Year

7. Age as closing date of application (i.e. on 30.06.2025) Years/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.):	

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

16. Employment details, if any [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.

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)**)

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

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, my candidature/appointment is liable to be cancelled.

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.)

SYNOPSIS

(To be filled and submitted along with the completed application form) (Advt. No. 06/2025)

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/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 application fee paid Fee Exempted	NEFT Transaction Id. Date: Amount:
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 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 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:			