

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 THE POST OF RESEARCH ASSOCIATE III (TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)

Advertisement No.: Post Applied for:	Advt. No. 09/202 Research Associa				Dlag	se affix			
		Dr. Dipika Bansal, Associate Professor, Department of Pharmacy Practice							
Fee Paid: Rs. 500/- DD	No. & Date:				pho	tograph			
OR EXEMPTED [Please refe	er Clause No. 9(ii) of the	e advertisemer	nt and mentior	n category]:	:				
. Name of the applic	ant								
Married	Single	Male	Female						
2. Father's Name	/ Husband's Name	(please tick)							
6. Address: Present (fo	<u>r communication)</u>								
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. Address: Permanen	†								
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Fax:									
E-Mail:									
Telephone: Of	fice:	Resi	dence:						
. Date of Birth	Month	Year 7.	Age as or date of w		Years/ma	onths/days 08.01.2025			
. Nationality:									
. Present Employme	nt, if any:								
Designation:									
Organisation:									
Date of Joining:									
Pay Scale / Pay B Pay in PB + Grade									
Total Emoluments									

8.	Tick-Mark	k the appr	opriate Box	_	e attach a copy of				SM		
9.	Total yea	ırs of the e	xperience a	fter	attaining esse	ential qua	alifico	ation:			
10.	Areas of s	specializa [.]	tion								
11.		areas of Re		- COr	ndarv educat	ion (Please	e attac	h photo copies of a	certificates/Mark S	heets etc.)	
	Examination Branch/ Specializati		anch/	Board/College/ Univ./ Institution.		Year of passing & degree awarded		%age of marks	Division		
13.	Employm	ent [Please o	attach photo cop	ies of	experience certific	ates]					
	Employer (Reg		Position he (Regular Contractu	/	Durc (Exact dates From		en)	Total period (yy/mm/dd)	Basic pay with scale of pay	Detailed description about nature duties perfor & performin	on re of rmed
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Please mention below best five research publications and attach separate list of all publication filled only by the applicant) Sr. No. Year Title of Publication Name of Journal 1. 2. 3. 4. 5.		Name (of the Body	Status of Mem	bership: Life/Annual
Sr. No. Year Title of Publication Name of Journal 1. 2. 3. 4. 5. Name & Address of three Referees (should be your reporting officer(s) and/or employer(s) in the previous anamployment): Name Occupation/Position Official Address Contact Information		- Name (or me body	oldios of melli	bership. Elic/Allifour
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	<u>DECLARATION</u>
attached with this o	nly declare that the information given, the statements made and document application form are correct and true to the best of my knowledge and belief. tement/document is found to be incorrect/false, my candidature/appointment ied.
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.)

Email: