

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 I (GP-483) (TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)

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7.	UIUI VEUIS		Jellelice d	inei anainina	essential qualification	

10. Areas of specialization

11. Current areas of Research

Academic Record starting with secondary education (Please attach photo copies of certificates/Mark Sheets etc.) 12.

Examination	Branch/ Specialization	Board/College/ Univ./ Institution.	Year of passing & degree awarded	%age of marks	Division

13. Employment details, if any [Please attach photo copies of experience certificates]

	Position held (Regular / Contractual)		ation to be given)		Basic pay	Detailed description	
Employer		From	То	Total period (yy/mm/dd)	with scale of pay	about nature of duties performed & performing*	
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* Please attach separate sheet (s) with complete description of the duties performed & being performed, failing which, application may not be considered.

14. Special Awards/Honours received, if any:

Year	Name of award/honour	Name of organization

15. Membership of professional bodies:

Name of the Body	Status of Membership: Life/Annual		

16. Please mention below best five research publications and attach separate list of all publications (To be filled only by the applicant)

Sr. No.	Year	Title of Publication	Name of Journal
1.			
2.			
3.			
4.			
5.			

17. Name & Address of three Referees (should be your reporting officer(s) and/or employer(s) in the previous and present employment):

	Name	Occupation/Position	Official Address	Contact Information
				Phone:
1.				Fax:
				Email:
				Phone:
2.				Fax:
				Email:
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3.				Fax:
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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, 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.)