



**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 POSITION OF SCIENTIST (GP-477)**  
 (TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)

Advertisement No.: **11/2024, dated 27.12.2024**

Post applied for: **Scientist**

(Under a project entitled "**National Network Project of NIPER, Mohali**" [GP-477] sponsored by Department of Biotechnology, Govt, New Delhi).

Please affix  
a recent  
passport size  
photograph

1. Fee Paid:  DD No. & Date:

OR **EXEMPTED** [Please refer Clause No. 10(ii) of the advertisement and mention category]:

2. Name of the applicant

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Married  Single  Male  Female  Transgender

3. Father's Name  and's Name (please fill)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. Address: Present (for communication)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>PIN</b>										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Address: Permanent

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>PIN</b>										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

6. Date of Birth 

Day	<input type="text"/>
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Month	<input type="text"/>
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Year	<input type="text"/>
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7. Age as on the date of Walk-in-Interview (i.e. 27<sup>th</sup> January, 2025) 

Years/months/days
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7. Nationality:

8. Present Employment, if any:

Designation:	<input type="text"/>
Organisation:	<input type="text"/>
Date of Joining:	<input type="text"/>
Pay Band (PB)/Pay Level	<input type="text"/>
Basic Pay	<input type="text"/>
Total Emoluments (Per month)(Rs.):	<input type="text"/>



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* <b>(Mandatory)</b>
		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.)**