|  |  |
| --- | --- |
|  | *राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर)***National Institute of Pharmaceutical Education & Research (NIPER)**सैक्टर-67, एस॰ ए॰ एस॰ नगर (मोहाली), पंजाब –**160062****(Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, GoI)****www. niper.gov.in, Ph: 0172-2292000, 2214682-83 & 2214688** |

**-1-**

**Application No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For office use only)**

**APPLICATION FORM FOR THE POST OF CONSULTANTS**

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

Please affix

a recent

passport size

photograph

Advertisement No.: **Advt. No. 02/2025, dated 15.02.2025**

Post Applied for

1. Details of Fee Paid: Rs. 500/- NEFT Transaction Id. :

 Dated : /02/2025

OR **EXEMPTED** [Please refer Clause No. 6(ii) of the advertisement and mention category]:

1. Full Name (in BLOCK LETTERS)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. Father’s Name / Husband’s Name (please tick)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. Address: Present (for communication)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | **PIN** |  |  |  |  |  |  |

1. Address: Permanent

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | **PIN** |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Mobile No.: |  |
| E-Mail: |  |
| Telephone: | Office: | Residence: |

1. Date of joining of Government Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

  **Day Month Year**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 7. | Date of Birth |  |  |  |  |  |  |  |  |  | 8. | Age as on **28.02.2025**: | Years/months/days |

**-2-**

8. Tick-Mark the appropriate Box **(Please attach a copy of the documentary proof):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GEN |  |  | SC |  |  |  ST |  |  | OBC  |  |  |  PH |  |  XSM |  |

9. Whether physically handicapped (Yes/No):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

10. Date of retirement and post from which retired **(enclose copy of retirement order)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

11. Name of the Ministry/Department/State Government/Autonomous Body/PSU from which retired:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

12. Last pay drawn **(applicable for retired employees only)** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(please enclose copy)**.

13. PPO No. **(applicable for retired employees only)** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(please enclose copy)**.

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

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

15. Details of computer knowledge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**-3-**

16. Brief particulars of experience. Other relevant experiences may also be provided. **(Separate sheet may be attached)**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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. Have you ever been discharged/suspended from any position? If yes, state reasons.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 \_\_\_\_\_\_\_\_\_\_ sheets attached along with this form.

**Date:**

**Place:**  **(Signature of the applicant)**

**-4-**

**SYNOPSIS**

**(To be filled and submitted along with the completed application form) (Advt. No. 02/2025)**

|  |  |  |
| --- | --- | --- |
| 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) / Sub Category (PH/XSM) (Copy of valid caste certificate is attached) |  |
| 8. | Age as on **28.02.2025** (Last date of receipt of application form) |  YY MM DD |
| 9. | Details of application fee paid or Exempted (mention category) | NEFT Transaction Id.: Dated:\_\_\_\_\_/02/2025 Amount: Rs. 500/- |

|  |
| --- |
| **EXPERIENCE****(Details should be exactly as per certificate(s) attached)****[Exact dates to be given – in sequence starting from last employment]** |
| **Designation** | **Pay band (PB) & Grade Pay****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)**

**…..Contd. next page**

**-5-**

|  |
| --- |
| **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 10th 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:**  | **Any other point:**  |
| **Experience:** |
| **Age:** |
| **Fees:** |