



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर)
National Institute of Pharmaceutical Education & Research (NIPER)
सैक्टर-67, एस० ए० एस० नगर (मोहाली), पंजाब - 160062

APPLICATION FORM FOR THE POSTION OF CONSULTANTS
(TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)

Advertisement No.: Advt. No. 06/2024

Post Applied for:

Please affix a recent passport size photograph

1. Fee Paid: Rs. 500/- OR EXEMPTED SC ST Female PwBD

If paid, NEFT Transaction Id.: Date: / /2024

2. Full Name (in BLOCK LETTERS)

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

4. Address: Present (for communication)

5. Address: Permanent

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

6. Date of joining of Government Service, if applicable:

7. Date of Birth: Day Month Year

8. Age as on 05.09.2024: Years/months/days

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

GEN  SC  ST  OBC  PwBD  XSM

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

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

11. Name of the Ministry/Department/State Government/Autonomous Body/PSU from which retired, if applicable: \_\_\_\_\_.

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. 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:

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

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

Employer	Position held (Regular / Contractual)	Duration <b>(Exact dates to be given)</b>		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.

18. 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 in any stage, my candidature/appointment is liable to be cancelled and that I stand to be subjected to legal/disciplinary proceedings.

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.)**



**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)

<b>Qualification:</b>	<b>Any other point:</b>
<b>Experience:</b>	
<b>Age:</b>	
<b>Fees:</b>	