



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान
NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH
सैक्टर - 67, एस.ए.एस. नगर, पंजाब - 160062

APPLICATION FORM FOR THE POST OF JUNIOR RESEARCH FELLOW
(TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS. NO PART OF THE FORM SHOULD BE LEFT BLANK)

Advertisement No. : **WALK IN INTERVIEWS (ADVT.NO.10/2019)**

Post Applied for : **Junior Research Fellow under Project GP-442 in
Department of Biotechnology**

Please affix
a recent
passport size
photograph

1. Fee Paid: Rs. DD No. :
Date :

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

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

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

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

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

6. Date of Birth Day Month Year 7. Age as on closing: Years/months/days
date of applications

8. Nationality:

9. Present Employment:

Designation:	<input type="text"/>
Organisation:	<input type="text"/>
Date of Joining:	<input type="text"/>
Pay Scale / Pay Band (PB)	<input type="text"/>
Pay in PB + Grade Pay (GP) / AGP	<input type="text"/>
Total Emoluments (Per month)(Rs.):	<input type="text"/>

10. Pay expected (Rs.): _____

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

GEN SC ST OBC PH XSM

12. Total years of the experience after attaining essential qualification:

13. Areas of specialization

14. Current areas of Research
(Only for academic positions)

15. 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

16. Employment [Please attach photo copies of experience certificates]

Employer	Position held	Duration (Exact dates to be given)		Total period (yy/mm/dd)	Salary
		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.

18. Special Awards/Honours received, if any:

Year	Name of award/honour	Name of organization

19. Membership of professional bodies:

Name of the Body	Status of Membership: Life/Annual

20. 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
i			
ii			
iii			
iv			
v			

21. 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
1.				Phone: Fax: Email:
2.				Phone: Fax: Email:
3.				Phone: Fax: Email:

22. Statement of objectives (To be filled up in Candidate's own hand writing)

a) Please indicate as to why you wish to join NIPER, Mohali
b) How in your opinion do you meet the job requirement as advertised?
c) A short paragraph about the research/teaching/development projects you would like to undertake and the courses that you would like to handle.

DECLARATION

I, hereby, declare that all entries in this form as well as attached sheets are true to the best of my knowledge and belief and nothing has been concealed.

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.)
