



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 CONSULTANT

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

Advertisement No.

Advt. No. ___/2020

Post Applied for

Please affix
a recent
passport size
photograph

1. Details of Fee Paid:

Rs.

Token No. :

Date :

 / /

2. Full Name (in BLOCK LETTERS)

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

4. Address: Present (for communication)

PIN

5. Address: Permanent

PIN

Mobile No.:

E-Mail:

Telephone:

Office:

Residence:

6. Date of joining of Government Service: _____.

Day

Month

Year

7. Date of Birth

8. Age as on date:

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

GEN SC ST OBC PH XSM

10. Whether physically handicapped (yes/No): _____.

11. Date of retirement and post from which retired (enclose copy of retirement order)

12. Name of the Ministry/Department/State Government/PSU from which retired: _____.

13. Last pay drawn (please enclose copy): _____.

14. PPO No. (Please enclose copy):

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. Details of computer knowledge: _____.

_____.

_____.

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

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.

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

DECLARATION

I, hereby, declare that the particulars furnished above are true and correct in this form as well as attached sheets are true to the best of my knowledge and belief and nothing has been concealed. I understand and agree that in the event of any information being found false OR incorrect/incomplete or ineligibility being detected at any time before or after selection/interview, my candidature is liable to be rejected and I shall be bound by the decision of the NIPER, SAS Nagar. I have read the advertisement (Advt. No. __/2020) and ready to accept all the terms and conditions for engagement of consultants.

There are _____ attached sheets along with this form.

Date:
Place:

(Signature of the applicant)

SYNOPSIS

(To be filled and submitted alongwith the completed application form) (Advt.No.05/2020)

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 _____ (as on the date of walk-in-Interview) (Copy of matriculation certificate is attached)	YY MM DD
9.	Details of application fee paid	DD No. Dated: Amount:

EXPERIENCE

(Details should be exactly as per certificate(s) attached)

[Exact dates to be given – in sequence starting from present 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

.....Contd. next page

(Signature of the candidate)

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 <small>(Copy of final Marksheet attached)</small>	Month & Year of degree awarded <small>(Copy of degree attached)</small>	%age of marks	Division

(Signature of the candidate)

REMARKS:
(FOR OFFICE USE ONLY)

Qualification:	Any other point:
Experience:	
Age:	
Fees:	