



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर)
NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH
सैक्टर- 67, एस० ए० एस० नगर (मोहाली), पंजाब -160062
Sector-67, S. A. S. Nagar (Mohali), Punjab- 160062
 (Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers
 www.niper.gov.in, Ph: 0172-2292000, 2214682-83 & 2214688)

APPLICATION FORM FOR FACULTY POSTS

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

Advertisement No.: **11/2025, dated 28.06.2025**

Post applied for: _____

Specialization: _____

Post Code:

F	-			
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1. Fee Paid:

Rs. 1,000/-

 OR

EXEMPTED

SC

ST

Female

PwBD

If paid, NEFT Transaction Id. : _____ Date : / /2025

2. Name of the applicant:

3. Marital Status (please tick):

Married	
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Single	
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4. Gender (please tick):

Male	
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Female	
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Transgender	
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5. Mother's Name:

6. Father's Name ☐ / Husband's Name ☐ (please tick):

7. Address - Present (for communication):

<table border="1" style="display: inline-table;"><tr><td style="width: 30px;">PIN</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>	PIN							
PIN								

8. Address - (Permanent):

<table border="1" style="display: inline-table;"><tr><td style="width: 30px;">PIN</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>	PIN							
PIN								

Mobile No.:

E-Mail:

Telephone
No., if any:

Office:

Residence:

Please affix
a recent
passport size
photograph

9. Date of Birth

Day	
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Month	
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Year	
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 10. Age as on 28.07.2025

Years/months/days	
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11. Category (please tick): (Please attach a copy of the supporting document)

GEN	
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EWS	
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SC	
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ST	
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OBC	
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PwBD	
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ExSM	
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12. Nationality:

Indian

13. Aadhaar Card No.:

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14. Present Employment details:

Organization	
Designation	
Date of Joining	
Employment Type (Temporary/Adhoc/Regular)	
Pay Band (PB)/Pay Level	
Basic Pay	
Total Emoluments (Per month) (in Rupees)	
Date of next Increment	

15. Pay expected (Rs.): _____

16. Total years of teaching / research / industrial experience as on the last date of receipt of application, excluding duration of Ph. D. (Please attach proof):

DD	MM	YY

17. Areas of specialization:

18. Please mention below best five research publications as first author or corresponding author and **attach separate list of all publications in the same format***:

Sl. No.	Name of Journal	Year, Vol. Page Nos.	Authors	Title of Paper/Article	Impact Factor
1.					
2.					
3.					
4.					
5.					

***It is mandatory to provide a complete list of all publications in the above format and first page of research paper is also required to be attached for claimed publications.**

19. Academic Record starting with secondary education up to Post Graduation:
(Please attach self attested photo copies of certificates/Mark Sheets etc.)

[illegible]

20. Ph. D. Details (Please attach self attested copy of degree):

University		Subject	
Title of Thesis			
Name of Supervisor		Date of Registration, if available	
Date of Ph. D. notification, if available		Date of award of degree	

21. List of patents [Please write NIL in case of no information]:

Sl. No.		Title/Year/Number
1.	Patents filed	
2.	Granted	
2.	Technology Transfer/Licence	

22. No. of Ph. D. Students supervised:

i. Completed: _____, ii. Ongoing: _____

23. No. of Masters Students supervised:

i. Completed: _____, ii. Ongoing: _____

24. Extramural Research Projects:

Sl. No.	Title of Project	Funding Agency	Completed/ Ongoing	Amount Mobilized (Rs. Lakhs)	Role (PI/Co-PI)

25. Consultancy Projects:

Sl. No.	Title of Project	Company/Industry	Completed/ Ongoing	Amount Mobilized (Rs. Lakhs)	Role (PI/Co-PI)

26. Employment details [Please attach self attested 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* (Mandatory)
		From DD/MM/YY	To DD/MM/YY			
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			

* Please attach separate sheet (s) with complete description of the duties performed & being performed, failing which, application may not be considered.

27. Special Awards/Honours received, if any:

Year	Name of award/honour	Name of organization

28. Name & Address of three Referees (At least two of them 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:

29. Statement of objectives:

a) Please indicate as to why you wish to join NIPER?

b) How do you meet the job requirements, as advertised?

30. Details of any pending Vigilance/Departmental Inquiry/ Civil Police/ Criminal case/ CBI case etc.:

_____.
31. Details of penalties imposed, if any, during last ten years: _____
_____.

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)

Endorsement by the Head of the Institution or Office

Candidate already employed in Central Govt./State Govt./Autonomous Bodies/PSUs should get the following endorsement signed by his/her present employer

No. _____

Date _____

Forwarding of application of Dr. _____ (Name & Designation) to the post of _____, Specialization _____ through proper channel.

It is certified that:

1. The information furnished by Dr. _____ has been verified from official records and found to be correct.
2. No disciplinary/ departmental enquiry is either pending or contemplated against _____ and that he/she is not undergoing any penalty.
3. His/ Her integrity is beyond doubt.

Signature.....

Name.....

Designation.....

Stamp:

SYNOPSIS

(To be filled and submitted alongwith the completed application form) (Advt.No.11/2025)

1.	Post applied for	Post Code:				
2.	Name					
3.	Complete address for communication					
4.	Contact No.					
5.	Email Id					
6.	Date of Birth					
7.	Category (UR/SC/ST/OBC/EWS) Sub Category (PH/XSM) (Copy of valid caste certificate is attached)					
8.	Age as on 28th July, 2025 (last date of receipt of applications) (Copy of matriculation certificate is attached)	YY	MM	DD		
9.	Details of application fee paid Fee Exempted	NEFT Transaction Id.		Date:		Amount:
10.	Whether application sent through proper channel in prescribed format (Yes / No)/Not applicable					

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/Pay Level 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)

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 10 th 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:		Through proper channel:	
Experience:		Received on:	
Age:		Any other point:	
Fees:			