



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान, रायबरेली

(औषध निर्माण विभाग, रसायन एवं उर्वरक मंत्रालय, भारत सरकार का एक स्वायत्तशासी संस्थान)

श्री भवानी पेपर मिल रोड, रायबरेली - 229010 (उ.प्र.) भारत, दूरभाष: 0535-2001569, फैक्स: 0535-2700857

NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH, RAEBARELI

(An Autonomous Institute under Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, Government of India)
Shree Bhawani Paper Mill Road, Raebareli-229010-(U.P.)-India Phone :0535-2001569,Fax:0535-2700857, Web: www.niperraebareli.edu.in
(Mentor Institute - CSIR-CDRI, Lucknow, Web :- www.cdri.res.in)

(Application Form)

Application for the position of _____

Advt. No. _____

1. Name of the Candidate :
(in block Letters)

2. Father's / Husband Name :

3. Date of Birth :

4. Present Address :

5. Permanent Address :

6. E-mail :

7. Mobile No. :

8. Nationality :

9. Category (UR/ SC/ST/OBC) :

10. Details of Qualifications :
(High School onwards)

Exam Passed	Board/Univ.	Year of passing	Subjects	Marks %	Division

Affix Your
Recent
Passport Size
Color
Photograph

11. Details of Experience :

Name of the organization	Designation	From	To	Salary drawn	Nature of the Job

12. Current areas of research (Only for Teaching positions)

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13. Publication Details: (Attach all the publications as Annex) (Only for Teaching positions)

Research Articles	<i>National</i>	<i>International</i>	<i>Total</i>
Review Articles	<i>National</i>	<i>International</i>	<i>Total</i>
Total Number of Publications			

Number of Book chapters :

Number of Patents :

14. Present Employment :

Organization	
Designation	
Date of Joining	
Pay scale/Pay Band/ Grade Pay / Consolidated pay	
Total emoluments per month (Rs.)	

15. Have you got any blood relation in CDRI or NIPER? If so, please indicate his/her

Name.....Designation Place where He / She is
working

16. Any other additional information :

Declaration

I hereby declare that all the information provided in the application is correct and complete and nothing has been concealed to the best of my knowledge and belief. In the event of any information being found false or incorrect at any time, action may be taken against me and I shall abide by the decision.

(Signature of Applicant)

Place :

Date :

Note:

1. Candidates should enclose all the photo copies of the certificates along with the application.
2. Include separate sheets wherever necessary.

Enclosures (Please list the documents attached):