

(औषध विभाग, रसायन और उर्वरक मंत्रालय, भारत सरकार के तहत एक स्वायत्त संस्थान)

National Institute of Pharmaceutical Education and Research (NIPER), Raebareli

(An Autonomous Institute under the Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, Govt. of India)

APPLICATION FORM

| comple and ge | ted application form, e | hed information regarding las ligibility criteria, educational q ons before filling the applicati able. | ualifications & experience | Affix self-attested recent passport size photograph here. |
|------------------|--|--|--|---|
| APPLI | CATION FOR THE PO | ST OF | | |
| 1. | Full Name (in BLOCK letters) | | | |
| 2. | Date of Birth | | Blood Group | |
| 3. | Community (SC/ST/OBC/GE (enclose self-atte | N) | | |
| 4. | Whether Economical | ly Weaker Sections (EWSs) <i>(enclose</i>) | Yes No No Self-attested copy of certificate) | |
| 5. | Whether Physically C | Challenged | Yes No | |
| | If yes, state % of dis (certificate to be enc | - | | |
| 6. | Whether Ex-Servicer | nen 🔿 Yes 🔿 | No | |
| 7. | Gender | Male | Female Oth | ners |
| 8. | Marital status | Married | Single Ot | hers |
| 9. | Nationality | | Religion | |
| 10. | Mother Tongue | | | |
| 11. | (a) Name and addres | s of parents | | |
| | | | | |



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(b) Name of spouse (if applicable) (c) if spouse is employed, (provide employer name & place) 12. Present postal address for correspondence Tel: Mob: E-mail: 13. Place of Upbringing / Hometown: 14. Permanent address 15. Present employment **Employer's Website:**



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16. Were you at any time declared medically unfit; asked to submit your resignation; discharged or dismissed from Govt./Semi-Govt./Autonomous Body or Private Service?

If yes, provide details in a separate sheet.

17. Have you ever faced any vigilance enquiry or enquiry by an anti-corruption bureau/ Central Bureau of Investigation or any other Investigative Organization



If yes, please indicate in brief, the details of the vigilance enquiry and outcome thereof in a separate sheet.

18. Academic Qualifications:

(Please attach self-attested photocopies of UG/PG Certificates / marksheets) provide particulars in a chronological order starting from SSLC (Xth Std).

| S. No | Name of Course / Degree / University / Board | Subject/ Specialization | Mode of study Full Time / Part time /Correspondence | Pass Division (I or II or III) Class | % of Marks/ CGPS | Duration of course (whether 1 yr. or 2 yrs. or 3 yrs. course | Year of passing |
|----------|--|----------------------------|--|--|------------------------|---|-----------------|
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19. Details of your Ph.D Thesis (If applicable) (enclose abstract of Thesis)

| SI. No. | Degree | Title of Thesis | University |
|---------|--------|-----------------|------------|
| 01. | Ph.D. | | |

20. Professional Qualification(s) (e.g. Professional Training, Courses, Workshops etc. attended, in case applicable for the position applied for)

(enclose as a separate sheet)

21. Employment details* : (Details in chronological order, starting with present employment up to the first employment)

| SI. No. | Name & Address of Organization / Employer | Position held / Designation | Pay Scale & Gross Salary | Period of Employment (Month/Year) | | Place / state of employment | Nature of duties |
|---------|--|--------------------------------|--------------------------------|---|----|-----------------------------------|------------------|
| | | | | From | То | | |
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22. Please furnish details regarding Nature of duties, Job Description/Responsibilities, Experience and Majorachievements, if any, in your past/present employment

(Use a separate sheet, if required)



23. Reference:

Responsible persons not related to the applicant but closely acquainted with the applicant

| Name and Designation | Address |
|----------------------|---------|
| 1. | |
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| | Mob: |
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| | Email: |
| 2. | |
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| | Mob: |
| | En elle |
| | Email: |

- 24. Notice period required for completing relieving formalities with present Employer on selection:
- 25. Details of relatives working at NIPER-RAEBARELI, if any:
- 26. Any other information you may like to furnish to NIPER-RAEBARELI:

27. Provide details of your Social / Political / Religious Affiliations, if any:



28. Copies of documents enclosed:

| (i) | | | |
|--------|---|--|--|
| (ii) | | | |
| (iii) | | | |
| (iv) | | | |
| (v) | | | |
| (vi) | | | |
| (vii) | | | |
| (viii) | | | |
| (ix) | • | | |
| (x) | | | |

DECLARATION

I declare that the entries made in the columns of this "Application Form for Contractual Engagement for limited or fixed period in CoE of NIPER-RAEBARELI" are correct and true to the best of my knowledge & belief and nothing has been either concealed or misrepresented by me. In case of any concealment or misrepresentation, noticed during the engagement / at a later date, I understand that contractual engagement, if gained, is liable to be terminated forthwith without notice to me.

| Place: | Signature |
|--------|-----------|
| Date: | |
| | |

N.B.: 1) Use separate sheets wherever necessary while filling the application form. 2) All entries in this application form shall be neatly typed /written.