



# राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान, रायबरेली

नाईपर रायबरेली ट्रांजिट कैम्पस, बिजनौर – सिसेंड़ी रोड, सरोजनी नगर, लखनऊ (यू०पी०) – 226002

**National Institute of Pharmaceutical Education & Research, Raebareli**

Transit Campus of NIPER Raebareli, Bijnor - Sisendi Road, Sarojini Nagar, Lucknow (UP) - 226002

## Application Form for the Recruitment of Senior Research Fellowship-1 (SRF-1)

<p><b>For office use:</b> Serial Number: _____</p> <p>Eligible: yes/no Called for Interview: _____</p> <p>Checked the certificates: _____</p>	<p><b>Paste here your latest Photo</b></p>
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**Project: “Unraveling the Influence of Ribosomal Frameshifting Elements Conformational Ensembles on Japanese Encephalitis Virus Pathogenesis”**

1. Name:

.....

2. Father's Name:

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3. Date of Birth:

.....

4. Contact information:

(i) Telephone with STD Code:.....(ii) Mobile

No:.....

(iii) Address for

Communication.....

.....

...

(iv) Email ID:

.....

5. Educational Qualifications\*

Class	Board/ University	Name of Institution	Marks/CGPA	Year of Passing
X				
XII				
Graduation				
Post- Graduation				

<b>GATE/GPAT Certificate</b>				
<b>Any other Certificate/ Achievements/ Awards etc.</b>				

\* **Attach Self-attested Photocopies of all certificates/awards from Class X onwards.**

6. Total research Experience (in years).....

7. Experience (Detail): Attach a Separate sheet if required.

<b>Organization</b>	<b>Designation</b>	<b>Duration</b>	<b>Responsibilities</b>

\* **Attach Self-attested Photocopies of experience certificate(s).**

8. Publications: (Attach a separate sheet if required)

National (No's).....International

(No's).....

\* **Attach Self-attested Photocopies of each publication (first page only).**

9. Workshop/Training programs/conference attended.....

10. Workshop/Training programs/conference organized.....

11. Other qualifications/Certified course/relevant information/achievements if any

<b>S.No.</b>	<b>Details</b>

12. A one page summary of prior research experience need to be submitted.

13. Declaration: All the above information provided by me is true to the best of my knowledge and I understand that, if found incorrect, I may be disallowed to appear in the interview/test.

Signature of the Candidate

Date:

Place: