



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान, रायबरेली

National Institute of Pharmaceutical Education and Research, Raebareli

An Institute of National Importance under Dept. of Pharmaceuticals, Ministry of Chemicals and Fertilizers, GOI
Transit Campus, Bijnor-Sisendi Road, Sarojini Nagar, Near CRPF Base Camp, Lucknow (UP) - 226002.

Website: www.niperraebareli.edu.in

Physical Reporting and Document Verification

All the newly admitted M.S. (Pharm.), M.Tech., and Ph.D. students in the Academic Session 2025-26 are hereby directed to report physically to the Institute as per schedule given below for their respective Document Verification:

Department	Date of Physical Reporting and Document Verification
Medicinal Chemistry	4 th and 5 th August 2025 (09:00 AM- 05:30 PM)
Pharmaceutics	
Pharmacology & Toxicology	
Regulatory Toxicology	
Biotechnology	
Pharmaceutical Analysis	
Regulatory Affairs	
Medical Devices	
Note: Physical reporting on the specified dates is mandatory.	
Orientation Day	6 th August 2025
Classes Begins From	7 th August 2025 onwards

Name and Address of the Institute

National Institute of Pharmaceutical Education and Research, Raebareli
Transit Campus, Bijnor-Sisendi Road, Sarojini Nagar, Near CRPF Base Camp,
Lucknow (Uttar Pradesh) - 226002.

Contact No.: 8810795920- Monday to Friday (10:00 AM to 05:30 PM).

Email ID: academic@niberrbl.ac.in

- **List of documents to be produced for verification**

Please bring **two sets of self-attested copies** of the following documents **along with the Original Documents** for verification:

S.No.	Document(s)
1.	NIPER JEE Allotment Letter
2.	GPAT Scorecard
3.	Fee Receipt/Transaction Receipt
4.	Class 10 th Mark sheet
5.	Class 12 th Mark sheet
6.	B. Pharm. Mark sheet (I-VIII) Semester
7.	B. (Pharm.) Degree/ Provisional Degree
8.	M. Pharm. Mark sheets (I-IV) Semester <i>(Only for Ph.D. students)</i>
9.	M. Pharm. Degree/ Provisional Degree <i>(Only for Ph.D. students)</i>
10.	Original Migration Certificate
11.	Transfer Certificate
12.	Relieving letter <i>(in case of previously working professionals)</i>
13.	Caste Certificate (SC/ST/OBC/EWS) as per the norms of Govt. of India
14.	Certificate of Disability <i>(Only for PWD students)</i>
15.	Medical Certificate issued by District Hospital.
16.	All the undertaking as mentioned on the website of the institute.
17.	Aadhaar Card
18.	05 Recent Colored Passport Size Photographs
19.	Annexures 01 to 08 as specified in NIPER JEE 2025 Brochure

Note: *If necessary, the institute may request additional documents apart from those listed above for better clarity on any matter.*

Hostel Accommodation

Programme	Instructions
M.S. (Pharm.)/M.Tech.	1. The hostel accommodation will be provided to all the M.S. (Pharm.) students in the Boys and Girls hostel on a shared basis subject to availability of seats.
	2. Students may stay in the hostels from the date of physical reporting itself.
	3. The rooms will be allotted to students after completing the physical reporting, document verification and other formalities as directed by the institute.
Ph.D.	1. Due to the scarcity of rooms in the hostel at the current transit campus, no accommodation will be provided to Ph.D. students.
	2. However, HRA shall be paid as per the norms of the Institute.
<ul style="list-style-type: none">• M.S. (Pharm.) and M.Tech. students may enquire The information regarding the hostel accommodation during reporting.• Due to the unavailability of rooms in the hostels, no accommodation will be provided to the parents or family members accompanying the student for physical reporting and document verification. They are requested to arrange accommodation on their own.• Important Note: Divyang candidates are suggested to inform the section about all the necessary details regarding the disability prior reporting to the institute for better cognizance.	

How to reach NIPER Raebareli-Lucknow Campus

Destination	Distance	Travelling Time
Chaudhary Charan Singh International Airport Lucknow	10.00 KM	25 Minutes
Charbagh Railway Station	17.00 KM	45 Minutes
Alambagh Bus Terminus	14.00 KM	35 Minutes

Mess Facility

All the students may avail the facility of the Mess from the physical day of reporting on payable basis.

General Instructions

Kindly keep visiting the website of the institute for more details. Check your emails registered with NIPER JEE regularly. For any query, the students may contact Academic & Examination Section NIPER Raebareli. The contact details are given below: Email ID: academic@niperrbl.ac.in

Contact No.: 8810795920 - Monday to Friday (10:00 AM to 05:30 PM).

Annexure 1

Format for Sponsorship Certificate

(To be submitted on letter head of the Sponsoring Organization along with duly filled in application form)

SPONSORSHIP CERTIFICATE

It is to certify that Mr./Ms. is a bonafide employee of our organization and has been working here as..... (designation) since (date). As per records available with our organization, Mr./Ms. has post qualification (qualifying degree) minimum relevant experience of 2 years/more than 2 years in our organization. In the event of admission of Mr./Ms. in NIPER, he/she would be treated on duty and will be paid salary and allowances for the period for pursuing his/her studies and research and the requisite fee of the candidate will be paid by us.

I understand that in the event of our withdrawal of sponsorship to the student at any stage during the duration of the programme, Mr./Ms.....shall cease to be a student of the institute from the date of withdrawal of the sponsorship.

(Authorized Signatory)

Annexure 2

Format for EWS Certificate

Government of

(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date _____

1. This is to certify that Shri/Smt./Kumari _____
son/daughter/wife of _____ permanent
resident
of _____, Village/ Street
_____ Post Office _____
_____ District _____ in the State/Union
Territory _____ Pin Code _____ whose
photograph is attested below belongs to Economically Weaker Sections,
since the gross annual income* of his/her "family" is below Rs. 8 lakh
(Rupees Eight Lakh only) for the financial year 2024-2025. His/her family
does not own or possess any of the following assets***:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

Signature with seal of Officer

Name _____

Designation _____

*Note1: Income covered all sources i.e., salary, agricultural, business, profession, etc.

**Note2: The term "Family" for this purpose includes the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

***Note3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

Annexure 3

Format for OBC (NCL) Certificate

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL)* APPLYING FOR ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Kum** _____ Son/
Daughter** of Shri/Smt.** _____ of Village/Town** _____
_____ District/ Division** _____ in the State/Union
Territory (UT) _____ belongs to the community that is
_____ recognized as a backward class under Government of
India***, Ministry of Social Justice and Empowerment's Resolution No.
_____ dated _____

Shri/Smt./Kum. _____ and/or _____
his/her family ordinarily reside(s) in the _____ District/Division of
the _____ State/Union Territory (UT). This is also to certify
that he/she does NOT belong to the persons/sections (Creamy Layer) mentioned
in Column 3 of the Schedule to the Government of India, Department of Personnel
& Training O.M. No. 36012/22/93- Estt. (SCT) dated 08/09/93 which is modified
vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004, further modified vide
OM No. 36033/3/2004-Estt. (Res.) dated 14/10/2008, again further modified vide
OM No.36036/2/2013-Estt (Res) dtd. 30/05/2014, and again further modified vide
OM No. 36033/1/2013-Estt (Res) dtd. 13/09/2017.

District Magistrate / Deputy Commissioner / Any other Competent Authority

Dated:

Seal :

* Visit <http://www.ncbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.

** Please delete the word(s) which are not applicable.

*** As listed in the Annexure (for FORM-OBC-NCL)

**** The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

NOTE:

- (a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
 - (i) District Magistrate/ Additional Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ Ist Class Stipendiary Magistrate/ Sub-Divisional magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar' and
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides
 - (v) Certificate issued by any other authority will be rejected

Annexure 5

Format for PwBD Certificate

Form-V Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size
attested photograph
(Showing face only) of
the person with
disability.

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Shri/Smt./Kum.

_____ son/wife/daughter of Shri _____ Date of
Birth (DD/MM/YY) _____ Age _____ years, male/female _____
registration No. _____ permanent resident of House No. _____
Ward/Village/Street _____ Post Office _____ District
_____ State _____, whose photograph is affixed above, and am satisfied
that:

(A) he/she is a case of:

- locomotor disability
 - dwarfism
 - blindness
- (Please tick as applicable)

(B) the diagnosis in his/her case is _____

(C) he/she has _____ % (in figure) _____ percent (in words)
permanent locomotor disability/dwarfism/blindness in relation to his/her _____ (part of
body) as per guidelines (.....number and date of issue of the guidelines to be
specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of
notified Medical Authority)

Signature/thumb impression of the person
in whose favour certificate of disability is issued

Form - VI
Certificate of Disability
(In cases of multiple disabilities)
[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size attested
photograph
(Showing face only) of the
person with disability.

Certificate No. _____

Date: _____

This is to certify that we have carefully examined Shri/Smt./Kum.

son/wife/daughter of Shri

Date of Birth (DD/MM/YY) _____

Age _____ years, male/female _____.

Registration No. _____ permanent resident of House No. _____

Ward/Village/Street _____ Post Office _____ District _____ State _____

_____, whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			

16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows :

In figures : - ----- percent

In words :- ----- percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

or

(ii) is recommended/after years months, and therefore this certificate shall be valid till ---- ---- ----

(DD) (MM) (YY)

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:

Nature of document	Date of issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

Signature/thumb impression of the person in

whose favour certificate of disability is issued.

To be printed on Institution's Letterhead

<Institution Logo>

Ref./File No.: _____

Date of Issue: ____ / ____ / ____

BONAFIDE CERTIFICATE

This is to certify that Mr. / Ms. _____, S/o / D/o / W/o _____, bearing **Roll No. / Student ID** _____, is a **bonafide student** of [College/University Name]. The above-named candidate has **appeared in the final semester examination** of the qualifying degree in [Course Name], for the [Academic Year or Semester, e.g., 2024–25 session].

He / She **has appeared for** the final examination held from [Date, Month & Year, e.g., May 2025] to [Date, Month & Year, e.g., June 2025] and is currently awaiting results.

This certificate is issued **on request** of the student for the purpose of Counselling for admission to NIPER.

Place: _____

Date: ____ / ____ / ____

Authorized Signature

(Name & Designation, e.g., Head of Institute/University/College)

(Official Seal / Stamp)

UNDERTAKING

(To be executed on ₹ 100 non-judicial stamp paper)

I, **Mr./Ms. [Candidate's Full Name]**, son/daughter of **[Father's/Mother's Name]**, aged ____ years, residing at **[Permanent Address]**, do hereby solemnly affirm and undertake as under:

1. That I have appeared in the final semester examination of the qualifying degree **[Course Name, University/College Name]** in **[Month Year]**, the results of which are yet to be declared.
2. That I have been provisionally allotted a seat at **National institute of Pharmaceutical Education and Research, NIPER** for the academic session **2025–26**.
3. **I undertake that if the result of my qualifying examination is not declared by 15th September 2025, or in case I fail to pass the qualifying examination, I shall have no claim whatsoever to the allotted seat, and I will not hold the institution liable in any manner.**
4. I further affirm that I will abide by the rules and regulations of **NIPER** and accept the decision of the competent authority as final in this regard.

Signature of the Deponent

(Candidate's Name & Signature)

Place: _____

Date: ____ / ____ / 2025

Attested before me by

(Oath Commissioner / Notary Public with seal & date)

MEDICAL CERTIFICATE

(To be submitted in original at the time of admission)

1. Name: _____
2. Father's Name: _____
3. Date of birth: _____
4. Identification Marks
 - a) Height _____ b) Weight _____
 - c) Vision i) Night Blindness _____ ; ii) Colour Blindness _____
 - d) Report on any Physical Deformity _____

LABORATORY EXAMINATION

- i. Routine Urine Test _____
- ii. Report on Hb, TC, DC, ESR of blood and blood group _____
- iii. Routine stool test _____
- iv. Report on latest PA view X-ray of chest _____
- v. Report on blood pressure _____
- vi. Report on ECG _____
- vii. History of chronic illness, if any _____

I certify that:

- i. I myself have carefully examined Mr./Ms. _____
- ii. He/She is not suffering from any mental or physical disease/infirmity making him unfit or/likely to make him/her unfit for higher studies.

Signature of Medical Officer

Full Name _____

Registration No. _____

Designation _____

Name of the Hospital _____

Date

Note: Report should be signed by a Medical Officer of a Govt. hospital not below the rank of Asstt. Civil Surgeon/physician