Application No. (For office use only)

# राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर)
# National Institute of Pharmaceutical Education & Research (NIPER)
## सैक्टर-67, एस॰ ए॰ एस॰ नगर (मोहाली), पंजाब – 160062

## APPLICATION FORM FOR THE POST OF RESEARCH ASSOCIATE III

**(TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)**

Advertisement No.: **Advt. No. 31/2026, dated 13.11.2026**

Post Applied for: **Research Associate III under Project GP-482**
**Dr. Dipika Bansal, Professor & Head,**
**Department of Pharmacy Practice & Clinical Research**

Please affix a recent passport size photograph

Fee Paid: Rs. 500/- DD No. & Date:

OR **EXEMPTED** [Please refer Clause No. 8(ii) of the advertisement and mention category]:

1. Name of the applicant

Married ☐ Single ☐ Male ☐ Female ☐

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

3. Address: Present (for communication)

**PIN**

4. Address: Permanent

**PIN**

| | | |
|---|---|---|
| Fax: | | |
| E-Mail: | | |
| Telephone: | Office: | Residence: |

5. Date of Birth — Day | Month | Year

7. Age as on closing date i.e. on 27.11.2026: Years/months/days

6. Nationality:

7. Present Employment, if any:

| | |
|---|---|
| Designation: | |
| Organisation: | |
| Date of Joining: | |
| Pay Scale / Pay Band (PB) | |
| Pay in PB + Grade Pay (GP) / AGP | |
| Total Emoluments (Per month)(Rs.): | |

8. Tick-Mark the appropriate Box (Please attach a copy of the documentary proof)

GEN ☐ SC ☐ ST ☐ OBC ☐ PH ☐ XSM ☐

9. Total years of the experience after attaining essential qualification:

10. Areas of specialization

| |
|---|
| |
| |

11. Current areas of Research

| |
|---|
| |
| |

12. Academic Record starting with secondary education (Please attach photo copies of certificates/Mark Sheets etc.)

| Examination | Branch/ Specialization | Board/College/ Univ./ Institution. | Year of passing & degree awarded | %age of marks | Division |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

13. Employment [Please attach 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* |
|---|---|---|---|---|---|---|
| | | From | To | | | |
| | | / / | / / | | | |
| | | / / | / / | | | |
| | | / / | / / | | | |
| | | / / | / / | | | |

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

14. Special Awards/Honours received, if any:

| **Year** | **Name of award/honour** | **Name of organization** |
|---|---|---|
| | | |
| | | |

15. Membership of professional bodies:

| Name of the Body | Status of Membership: Life/Annual |
|---|---|
| | |
| | |

16. Please mention below best five research publications and attach separate list of all publications (To be filled only by the applicant)

| Sr. No. | Year | Title of Publication | Name of Journal |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

17. Name & Address of three Referees (should be your reporting officer(s) and/or employer(s) in the previous and present employment):

| | Name | Occupation/Position | Official Address | Contact Information |
|---|---|---|---|---|
| 1. | | | | Phone:<br>Fax:<br>Email: |
| 2. | | | | Phone:<br>Fax:<br>Email: |
| 3. | | | | Phone:<br>Fax:<br>Email: |

**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, my candidature/appointment is liable to be cancelled.

There are _____ attached sheets along with this form.

Date:
Place: (Signature of the applicant)

(Note: Use separate sheet if necessary for any of the above items.)