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 PROJECT POSITION UNDER CoE-AVAB PROJECT

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

Please affix a recent passport size photograph

Advertisement No.: **32/2026, dated 26.11.2026**

Post applied for: **TECHNICAL ASSISTANT**

1. Fee Paid: Rs. 500/ NEFT Transaction Id. & Date:

OR **EXEMPTED** [Please refer Clause No. 11(ii) of the advertisement and mention category]:

2. Name of the applicant

Married ☐ Single ☐ Male ☐ Female ☐ Transgender ☐

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

4. Address: Present (for communication)

PIN

5. Address: Permanent

PIN

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

6. Date of Birth — Day ☐ Month ☐ Year ☐

7. Age as on Walk-in-Interview (i.e. on 10.12.2026) — Years/months/days

7. Nationality:

8. Present Employment, if any:

Designation:	
Organisation:	
Date of Joining:	
Pay Band (PB)/Pay Level	
Basic Pay	
Total Emoluments (Per month)(Rs.):	

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

GEN		SC		ST		OBC		PwBD	

10. Total years of relevant experience:
(Please attach separate sheet containing all details along with proof):

DD	MM	YY

11. Areas of specialization:

12. Ph. D. Thesis Title, wherever applicable:

13. Please mention below best five research publications, if any, and attach separate list of all publications:

Sl. No.	Year	Title of Publication	Name of Journal
1.			
2.			
3.			
4.			
5.			

14. 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

15. List of patents, if any [Please attach separate sheet]:

16. Employment details, if any [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* (**Mandatory**)
		From	To			
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			

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

17. Special Awards/Honours received, if any:

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

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

Sl. No.	**Name**	**Occupation/Position**	**Official Address**	**Contact Information**
1.				Phone: Fax: Email:
2.				Phone: Fax: Email:
3.				Phone: Fax: 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.)