



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान
National Institute of Pharmaceutical Education and Research
Hajipur - 844 102 (Bihar) Website : www.niperhajipur.ac.in.
(Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, Government of India)

APPLICATION FORM FOR NON-TEACHING POSITIONS

Application No.:
(For office use)

Self Attested
Photograph

Advt. No.

Application form for the post of

1. Name

(In Block letters)

(Surname)

(Middle)

(First)

2. Sex: Male/Female

3. Marital Status : Married / Single

4. Category GEN/ SC/ST/OBC/PH:

5. Date of Birth :

Date

Month

Year

6. Address for Communication (In Block letters):

Pin code :	
Phone No. :	Mobile No. :
Email Id :	

7. Permanent Address (In Block letters):

Pin code :	
Phone No. :	Mobile No. :
Email Id :	

8. Educational Qualifications starting with secondary education (Please attach Xerox copies of all Certificate & mark sheet):

Examination	Branch/ Specialization	College /University/Institute	Year	Percentage of mark	Class/Division /Grade

9. Membership of professional Institutions/ Societies:

Name of the Professional Institutions/ Society	Type of Membership

10. Experiences after possessing the prescribed essential educational/technical qualifications.
If space is not sufficient, additional sheets may be used :

Name of the Employer	Post held	Type of Organisation Govt/ Autonomous /Pvt/PSU etc	Period of Employment		Basic pay with Scale of pay	Nature of Duty
			From	To		

11. Professional/ Training experience/ Details of PPO (Please attach separate sheet, if required):

12. Names and addresses of **two referees** (at least one of them should be familiar with your recent works)

Name		
Occupation or position		
Address		
Fax		
E-mail		
Phone No.		

13. Statement of objectives (To be filled in candidate's own handwriting)

- (i) Please indicate as to why you wish to join NIPER, Hajipur.
- (ii) How in your opinion do you meet the job requirement as advertised?
- (iii) A short paragraph about how would you contribute in growth and development of Institute.

14. Any other relevant information, if any:

DECLARATION

I solemnly declare that the above information furnished in the application are correct to the best of my knowledge and belief. I also understand that in the case of any information furnished by me is found to be incorrect or false, I shall be disqualified and legal action may be taken against me.

Date:

Place:

(Signature of Applicant)

List of Enclosures:

- (i)
- (ii)
- (iii)
- (iv)
- (v)
- (vi)