

No., if any:

#### NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH HYDERABAD BALANAGAR, HYDERABAD

(Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, GoI) www.niperhyd.ac.in, E-mail: recruitment.niperhyd@gov.in

## APPLICATION FORM FOR NON-FACULTY POSTS (TO BE TYPED BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)

Advertisement No.: NIPER-HYD/2025/ADM/NON-FAC/01 Please affix Name of the Post applied for: a recent passport size photograph Post Code: NT -OR | EXEMPTED | SC | Female **PwBD** 1. Fee Paid: If paid, SBCollect Reference Number:\_ /2025 Date: 2. Name of the applicant: 3. Martial Status (please tick): Married Single 4. Gender (please tick): Male Female Transgender 5. Mother's Name: 6. Father's Name / Husband's Name [ (please tick): 7. Present Address (for communication): PIN 8. Permanent Address: PIN Mobile No.: E-Mail: Office: Telephone Residence:

9.	Date of Birth  Day  Month Year  10. Age as on closing date of application  Years/months/days
11.	Category (please tick): (Please attach a copy of the supporting document)  GEN ST OBC PWBD EXSM
12.	Nationality: Indian
13.	Aadhaar Card No.:
14.	Present Employment details, if any:
	Organization
	Designation
	Date of Joining
	Employment Type (Temporary/Adhoc/Regular)
	Pay Band (PB)/Pay Level
	Basic Pay
	Total Emoluments (Per month) (in Rupees)
	Date of next Increment
	Date of flexi increment
15.	Total years of experience as on the last date of receipt of application,  (Please attach proof)  DD MM YY
16.	Areas of specialization:

## 17. Educational Qualifications (in Reverse Chronological Order): (Please attach photo copies of certificates/Mark Sheets etc.)

Examination	Subjects	Board/College/ Univ./ Institution.	Year of passing/Date of result, if available	%age of marks	Division

#### 18. Employment details (in Reverse Chronological Order): [Please attach photo copies of experience certificates]:

	Position held  Duration (Exact dates to be given)				Basic pay	Detailed description	
Employer	(Regular / Contractual)	From	То	Total period (yy/mm/dd)	with scale of pay	about nature of duties performed & performing* (Mandatory)	
		/ /	/ /				
		/ /	/ /				
		/ /	/ /				
		/ /	/ /				

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

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

SI. No.	Name	Occupation/Position	Official Address	Contact Information
				Phone:
				Fax:
1.				
				Email:
				Phone:
2.				Fax:
۷.				
				Email:

a) b)	Please indicate as to why you wish to join NIPER Hyderabad? How do you meet the job requirements, as advertised?
	Use Separate sheet, if required

Details of any pending Vi	gilance/Departmental Inquiry/ Civil Police/ Criminal case/ CBI c	case etc.:
	ed, if any, during last ten years:	
	<u>DECLARATION</u>	
with this application for information/statement/do	lare that the information given, the statements made and doc m are correct and true to the best of my knowledge a ocument is found to be incorrect/false in ar It is liable to be cancelled and that I stand to be subjected to	and belief. If any ny stage, my
There are attac	ched sheets along with this form.	
Date:		
Place:	(Signature of the	e applicant)

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

### **SYNOPSIS**

(To be filled and submitted alongwith the completed application form) (Advt.No. NIPER-HYD/2025/ADM/NON-FAC/01)

1.	Name of the Post applied for		Post Code:	NT -
2.	Applicant's Name			
3.	Complete address for communication			
4.	Contact No.			
5.	Email Id			
6.	Date of Birth			
7.	Category (UR/SC/ST/OBC/EWS) Sub Category (PH/XSM) (Copy of valid caste certificate is to be attached)			
8.	Age as on last date of receipt of applications (Copy of matriculation certificate is to be attached)	YY MM DD		
9.	Details of application fee paid Fee Exempted	SBCollect Ref. No.	Date:	Amount:
10.	Whether application sent through proper channel in prescribed format (Yes / No)			

#### **EXPERIENCE**

(Details should be exactly as per certificate(s) attached)
[Exact dates to be given – in sequence starting from present employment]

**EXACT TOTAL** Pay band (PB) & FROM TO Grade Pay/Pay Complete Office address with contact numbers **DURATION** Designation and email id of the Employer & Reporting Officer Level Month Month Months Date Year Date Year Years Days and Gross salary

#### **Educational Qualifications**

(Details should be exactly as per final mark-sheet/certificate(s) and degrees attached)
[Exact month and year of passing the examination should be given]

Examination (From 10 <sup>th</sup> onwards)	Branch/ Specialization	Subjects	Board/College/ Univ./ Institution	Month and year of passing exam (Copy of final Marksheet attached)	Month & Year of degree awarded (Copy of degree attached)	%age of marks	Division

(Signature of the candidate)

# REMARKS: (FOR OFFICE USE ONLY)

Qualification:	Through proper channel:	
Experience:	Received on:	
Age:	Notes:	
Fees:		