Application No. (For office use only)

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|  | *राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान )नाईपर)*  National Institute of Pharmaceutical Education & Research  सैक्टर-67, एस॰ ए॰ एस॰ नगर (मोहाली), पंजाब – **160062**  (Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers  www. niper.gov.in, Ph: 0172-2292000, 2214682-83 & 2214688 |

## APPLICATION FORM FOR THE POSTS OF VETERINARY OFFICERS

**(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

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| Fee details: | Rs.\_\_\_\_\_\_\_/- | DD No.: | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | | / / | | | | | | |
|  |  | Online transaction: | Ref. No.\_\_\_\_\_\_\_\_\_\_\_ |

1. Preference of Posting:

|  |  |  |
| --- | --- | --- |
| **Location** | **Category** | **Preference in numeric (eg. 1, 2, 3… )** |
| 1. SAS Nagar | UR |  |
| 2. Guwahati | UR |  |
| 3. Ahmedabad | UR |  |
| 4. Kolkata | OBC |  |
| 5. Raibareli | UR |  |
| 6. Hajipur | UR |  |

1. Name of the applicant

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Married |  | Single |  | Male |  | Female |  | Transgender |

1. Father’s Name

/ Husband’s Name

(please tick)

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1. Address: Present (for communication)

**PIN-**

1. Address: Permanent

**PIN-**

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

Day Month Year

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6. | Date of Birth |  |  |  |  |  | 7. | Age as on closing: | Years/months/days |

date of application

1. Nationality:

## -2-

1. Present Employment:

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

1. Pay expected (Rs.):
2. Tick-Mark the appropriate Box (Please attach a copy of the documentary proof)

|  |  |  |  |  |  |  |  |  |  |  |
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| GEN |  | SC |  | ST |  | OBC |  | PH |  | XSM |

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| 12. | Experience as on the last date of receipt of application (Please attach proof): | **MM** | **DD** | **YY** |
| 12.1 | Total years of the experience |  |  |  |
| 12.2 | After B.V. Sc. |  |  |  |
| OR |  |  |  |
| After M.V. Sc. |  |  |  |

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| --- | --- | --- |
| 13. | Registered with the Veterinary Council of India. | Yes/No |
| 13.1 | Registration No. with the Veterinary Council of India. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. 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 |
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1. List of publications and patents: [Please attach separate sheet]
2. Employment [Please attach photo copies of experience certificates]

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

**-3-**

1. Special Awards/Honours received, if any:

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| --- | --- | --- |
| **Year** | **Name of award/honour** | **Name of organization** |
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1. Name & Address of three Referees (should be your reporting officer(s) and/or employer(s) in the previous and present employment(s)) **(Mandatory)**

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| --- | --- | --- | --- | --- |
| **S.**  **No.** | **Name** | **Occupation/**  **Position** | **Official Address** | **Contact Information** |
| 1. |  |  |  | Phone: Fax:  Email: |
| 2. |  |  |  | Phone: Fax:  Email: |
| 3. |  |  |  | Phone:  Fax: Email: |

1. Statement of objectives (if required, use separate sheet)
2. Please indicate as to why you wish to join NIPER?
3. How do you meet the job requirements, as advertised?
4. Details of any pending vigilance/ Civil Police/ Criminal case/ CBI case etc.:

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1. Details of penalties imposed, if any, during last ten years:

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**DECLARATION**

I, hereby, declare that all entries in this form as well as attached sheets are true to the best of my knowledge and belief and nothing has been concealed.

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.)

**-4-**

# Endorsement by the Head of the Institution or Office

Candidate already in employment should get the following endorsement signed by his/her present employer

No. Date

Forwarded application of Dr./ Shri / Ms. (Name & Designation). It is certified that:

1. The information furnished by Dr./ Shri / Ms. has been verified from official records and found to be correct.
2. It is also certified that no disciplinary/ departmental enquiry is either pending or contemplated against and that he/she is not undergoing any penalty.
3. His/ Her integrity is beyond doubt.

Signature…………..……………

Designation……….……………

Stamp:

**-5-**

**SYNOPSIS**

**(To be filled and submitted along with the completed application form) (Advt.No. )**

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| 1. | Post applied for | | |  | | | | | | | | | | | | |
| 2. | Name | | |  | | | | | | | | | | | | |
| 3. | Complete address for communication | | |  | | | | | | | | | | | | |
| 4. | Contact No. | | |  | | | | | | | | | | | | |
| 5. | Email Id | | |  | | | | | | | | | | | | |
| 6. | Date of Birth | | |  | | | | | | | | | | | | |
| 7. | Category (UR/SC/ST/OBC) / Sub Category (PH/XSM) (Copy of valid caste certificate is attached) | | |  | | | | | | | | | | | | |
| 8. | Age as on (last date of receipt of applications)  (Copy of matriculation certificate is attached) | | |  | YY | MM | |  | | DD |  |  |  | |  |  |
| 9. | Details of application fee paid | | | DD No. |  |  | | Dated: | |  |  |  | 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 ]** | | | | | | | | | | | | | | | | |
| **Designation** | | **Pay band (PB) & Grade Pay**  **and Gross salary** | **Complete Office address with contact numbers and email id of the Employer & Reporting Officer** | | | **FROM** | | | | | **TO** | | | **EXACT TOTAL DURATION** | | |
| **Date** | **Month** | | **Year** | | **Date** | **Month** | **Year** | **Years** | **Months** | **Days** |
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**(Signature of the candidate)**

## -6-

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Educational Qualification**  **(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 10th 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** |
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**(Signature of the candidate)**

**REMARKS:**

### (FOR OFFICE USE ONLY)

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification:** |  | **Through proper channel:** |  |
| **Experience:** |  | **Received on:** |  |
| **Age:** |  | **Any other point:** |  |
| **Fees:** |  |