


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

(Department of Pharmaceuticals, Ministry of Chemicals &amp; Fertilizers, GoI)

[www.niperhyd.ac.in](http://www.niperhyd.ac.in), E-mail: [recruitment.niperhyd@gov.in](mailto:recruitment.niperhyd@gov.in)
**Application Form for the post of Registrar And Finance & Accounts Officer On Deputation Basis**

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

Advertisement No.: NIPER Hyd/Rec/Non-Fac/01 dated 08.07.2025

Post applied for:

Post Code:

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 Please affix  
a recent  
passport size  
photograph

1. Name of the applicant:


2. Marital Status (please tick):

Married	<input type="checkbox"/>	Single	<input type="checkbox"/>
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3. Gender (please tick):

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgender	<input type="checkbox"/>
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4. Mother's Name:


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


6. Present Address (for communication):

												PIN						

7. Permanent Address:

												PIN						

Mobile No.:																	
E-Mail:																	
Telephone No., if any:	Office:									Residence:							

8. Date of Birth Day Month Year 10. Age as on closing date of application Years/months/days

9. Category (please tick): (Please attach a copy of the supporting document)

☐ GEN ☐ EWS ☐ SC ☐ ST ☐ OBC ☐ PwBD ☐ ExSM

10. Nationality: Indian

11. Aadhaar Card No.:

12. 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	

13. Total years of experience as on the last date of receipt of application, (Please attach proof)

DD	MM	YY

14. Areas of specialization:


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

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

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

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

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

17. Name & Address of two 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:

18. Statement of objectives (If required, use separate sheet):

- a) Please indicate as to why you wish to join NIPER Hyderabad?  
b) How do you meet the job requirements, as advertised?

Use Separate sheet, if required

19. Details of any pending Vigilance/Departmental Inquiry/ Civil Police/ Criminal case/ CBI case etc.:

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20. Details of penalties imposed, if any, during last ten years: \_\_\_\_\_

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### **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 in any stage, my candidature/appointment is liable to be cancelled and that I stand to be subjected to legal/disciplinary proceedings.

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.)**