



**राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर)**  
**National Institute of Pharmaceutical Education & Research**  
**सैक्टर 67-, एस० ए० एस० 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)**

Fee details: Rs. \_\_\_\_\_/- DD No.:

/		/			

Please affix  
a recent  
passport size  
photograph

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	

2. Name of the applicant

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Married  Single  Male  Female  Transgender

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

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4. Address: Present (for communication)

	<b>PIN-</b>
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5. Address: Permanent

	<b>PIN-</b>
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Fax:		
E-Mail:		
Telephone:	Office:	Residence:

6. Date of Birth  Day  Month  Year  7. Age as on closing:  Years/months/days  
 date of application

8. Nationality:

9. Present Employment:

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

10. Pay expected (Rs.): \_\_\_\_\_

11. Tick-Mark the appropriate BOX (Please attach a copy of the documentary proof)

GEN  SC  ST  OBC  PH  XSM

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

13. Registered with the Veterinary Council of India. Yes/No

13.1 Registration No. with the Veterinary Council of India. \_\_\_\_\_

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

14. List of publications and patents: [Please attach separate sheet]

15. Employment [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.

16. Special Awards/Honours received, if any:

Year	Name of award/honour	Name of organization

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

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

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

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

19. Details of any pending vigilance/ Civil Police/ Criminal case/ CBI case etc.: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**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.)

**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:

**SYNOPSIS**

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

1.	Post applied for	
2.	Name	
3.	Complete address for communication	
4.	Contact No.	
5.	EmailId	
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	FRO M			TO			EXACT TOTAL DURATION			
			Date	Month	Year	Date	Month	Year	Months	Years	Days	

(Signature of the candidate)

<b>Educational Qualification</b> (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 mark s	Division

(Signature of the candidate)

**REMARKS:**  
(FOR OFFICE USE ONLY)

<b>Qualification:</b>		Through proper channel:	
<b>Experience:</b>		Received on:	
<b>Age:</b>		Any other point:	
<b>Fees:</b>			