राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान–हाजीपुर
NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH (NIPER) - HAJIPUR
औषध विभाग, रसायन एवं उर्वरक मंत्रालय, भारत सरकार
Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, Government of India
ई.पी.आई.पी. औद्योगिक क्षेत्र, हाजीपुर, जिला:वैशाली राज्य:बिहार, पिन:844102
E.P.I.P., Industrial Area, Hajipur, District: Vaishali, State: Bihar, PIN-844102

APPLICATION FORM – POST OF TEMPORARY STAFF NURSE

Post applied for	TEMPORARY STAFF NURSE		Affix recent passport-size photograph
Name of the Applicant			
Father's / Husband's / Mother's Name			
Date of Birth			
Age as on date of selection			
Gender	Female	**Category (UR/OBC/SC/ST/EWS/PwBD)**	
Marital Status		**Nationality**	
Mobile No.		**E-mail ID**	
Nursing Council Registration No.		**Council & Valid up to**	
Correspondence Address			

Educational & Professional Qualifications (in reverse chronological order)

S. No.	Degree / Diploma	Board / Council / University / Institute	Year of Passing	% / CGPA	Regular / Corresp.
1					
2					
3					
4					

Professional Experience (in reverse chronological order)

S. No.	Hospital / Institution & Department	Post held	From (DD/MM/YY)	To (DD/MM/YY)	Nature of duties	Gross pay p.m.
1						
2						
3						

Experience in Casualty / ICU (Yes / No, with duration)	
BLS / ACLS certification (Yes / No, valid up to)	
Present employment status	
Notice period required, if presently employed	

Languages Known

Language	Read	Write	Speak
English			
Hindi			
Any other (specify)			

Details of two referees who may be contacted (referees must not be related to the applicant)

Name of Referee	Designation	Address & E-mail	Contact No.

Briefly state your reasons for applying to this post:

DECLARATION

I hereby declare that I have carefully read and understood the advertisement and the general instructions annexed thereto, and that all the entries made by me in this application form are true to the best of my knowledge and belief. I further declare that I have not concealed any material information that may debar my candidature for the post applied for. In the event of suppression or distortion of any fact in my application form, I understand that I shall be denied employment in the Institute, and if already employed in the Institute, my services shall be terminated forthwith.

Place: _____

Date: _____ **Signature of the Applicant**

Supporting Documents to be enclosed-

1- Signed application form.

2- Passport size photograph.

3- Matriculation certificate — for date of birth.

4- 10+2 certificate.

5- GNM / B.Sc Nursing degree or diploma certificate.

6- Nursing Council registration certificate.

7- Experience certificates.

8- Photo ID — Aadhaar / PAN / Voter ID / Passport.

9- NOC from present employer, if presently in government or PSU service.