**-1-** Application No. (For office use only)

|  |  |
| --- | --- |
| **C:\Users\Teja\Downloads\WhatsApp Image 2025-01-10 at 11.01.34 AM.jpeg** | **NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH HYDERABAD**  BALANAGAR, HYDERABAD  (Department of Pharmaceuticals, Ministry of Chemicals & 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)**

Please affix

a recent

passport size

photograph

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

Post applied for:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Post Code: |  |  |  |  |

1. Name of the applicant:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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1. Martial Status (please tick):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Married |  |  |  | Single |  |

1. Gender (please tick):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Male |  |  | Female |  |  | Transgender |  |

1. Mother’s Name:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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1. Father’s Name / Husband’s Name (please tick):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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1. Present Address (for communication):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
|  | **PIN** |  |  |  |  |  |  |

1. Permanent Address:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
|  | **PIN** |  |  |  |  |  |  |

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

**-2-**

Day Month Year

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8. | Date of Birth |  |  |  |  |  |  | 10. | Age as on closing date of application | Years/months/days |

1. 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: |  |
|  |  |  |
|  |  |  |
|  |  |  |

**-3-**

15. 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** |
|  |  |  |  |  |  |
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16. Employment details (in Reverse Chronological Order): [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.

**-4-**

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):

|  |
| --- |
| 1. Please indicate as to why you wish to join NIPER Hyderabad? 2. How do you meet the job requirements, as advertised?   **Use Separate sheet, if required** |

**-5-**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**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.)**