| NIPER RAEBARELI |
|---------------------------|

(औषध विभाग, रसायन और उर्वरक मंत्रालय, भारत सरकार के तहत एक स्वायत्त संस्थान)

National Institute of Pharmaceutical Education and Research (NIPER), Raebareli

(An Autonomous Institute under the Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, Govt. of India)

| | Paste affix | | | | |
|-----|-------------|------------------------------------|---------------------|-------------------------------------|------------------------------------|
| Ad | /t. N | o.: NIPER-R/Contractual Advt./2025 | i-26/01 | | recent passport size photograph |
| Pos | sition | applied: Assistant Professor, Cate | egory: Department: | | |
| Per | son | al Details: | | (Please tick | \checkmark wherever required) |
| | 1. | Name of the Candidate: | | (Please do not write Mr./ Ms./Sh./S | emt./Dr./Prof.) |
| | 2. | Father's/ Husband's Name: | | - | |
| | 3. | Mother's Name: | | - | |
| | 4. | Date of Birth (DD/MM/YYYY): | // | | |
| | 5. | Sex: | Male () Female () | | |
| | 6. | Category (GENERAL/OBC/SC/ST) | | | |
| | 7. | Whether physically challenged/PWD | Yes () No () | | |
| | 8. | Nationality: | | - | |
| 9. | Mo | bile Number : +91 | | | |
| | 10. | E-mail ID : | | - | |
| | 11. | Address for correspondence: | | | |
| | 12. | Permanent Address: | City:,Dis code | strict | State :, Pin |
| | | | ,Dis | | State :, Pin |



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13. Details of Educational Qualifications (as on date of advertisement)

| Exam Passed | Degree/ Diploma Name | Board/ University Name | Year of passing | Division /Grade | Specialization |
|--|-------------------------|---------------------------|-----------------|--------------------|----------------|
| (1) Graduation (B.Tech, B.Sc. etc.) | | | | | |
| (2) P.G. exam. or equiv. (M.Sc., M.Tech. etc.) | | | | | |
| (3) M.Phil. | | | | | |
| (4) Any other Degree(s)/Diplomas | | | | | |
| (6) Ph.D* | | | | | |
| Any other qualification | | | | | |
| | | | | | |

Net qualified: Yes/No (if yes, then provide registration number)

14. Present Position:

| Post with details of Organization | Date of Appointment in the present post | Present Grade | Basic Pay | Total emoluments | Date of next increment | Nature of job |
|--------------------------------------|---|------------------|-----------|------------------|---------------------------|---------------|
| | | | | | | |

15. Appointments held before joining the present post:

| Name of post | Name and address of employer | Appointment Date | Leaving Date | Grade | Reasons for leaving the post | Nature of job |
|--|------------------------------|-------------------------------------|-----------------|-------|---------------------------------|---|
| | | | | | | |
| | | | | | | |
| 15 (a). Total job experience in years: | | 15 (b). Job expe per requirement | | as | through Regular ba | A.Phil and/or Ph.D. completed sis/ Part time basis (if part time basis f years spent for the same |
| | | | | | | |

16. Give details of any of other work/ achievement relevant to the post applied for:

(done after leaving the College)

17. Time needed to join the service, if selected:



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18. Research Activities:

| Pu | blications: | |
|----|---|------------|
| a | (Please give a list of maximum best five papers, with title, names of the authors, name of the journal, publisher, vol. no., pag and impact factor): | e no. year |

| b | Number of | Number of Ph.D. research students you have guided: | | | | |
|-----|---|---|-----------|------|---------|--|
| c | Number of | Number of M.Tech. students guided for project work: | | | | |
| d | Enclose List with no. of students / scholars and the date of commencement of work in each case, title of the work/thesis, degree awarded and year of award: | | | | | |
| e | Number of | f books published: | | | | |
| f | Number of | of paper published: | | | | |
| g | Total nur | nber of research publication(s) published | in India: | | | |
| h | Total nun | nber of research publication(s) published i | n abroad: | | | |
| | | | | | | |
| Lis | List 02 Best Publications: | | | | | |
| | Sl. No. | Name of Journal / Proceedings | Vol. | Year | Page No | |
| | 1 | | | | | |
| | 2 | | | | | |

| 21. | 1. Prototype/Patent/Innovation Contributions (if any): | | | | | | | |
|-----|--|--|---------------------------|--|---|------|--|--|
| | Sl. No. | Status (Filed / Granted / Under Dev.) | Title of patent/prototype | Collaborating Institute / Industry (if any) | Status (Filed / Granted / Deployed / Under | Year | | |
| | | , | | | Dev.) | | | |
| | 1 | | | | | | | |
| | 2 | | | | | | | |
| 22. | 22. Software and Tools Proficiency (Tick applicable): | | | | | | | |
| | MATLAB | | | | | | | |
| | | | | | | | | |
| | □ LabVIEW | | | | | | | |

- □ SolidWorks
- □ Fusion 360
- □ AutoCAD

□ Other (specify): _____



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23. Checklist of Expertise Areas (Tick boxes and brief elaboration)

Please tick the areas in which you have practical experience, and elaborate briefly.

| Area | Tick (√) | Relevant Experience (Tools/Projects/Training) |
|--|----------|---|
| Design and development of diagnostic/therapeutic devices | | |
| Microfluidics, Lab-on-a-chip, and biosensors | | |
| IoT and AI/ML applications in healthcare | | |
| Materials for implants and biomedical engineering | | |
| 3D printing and prototyping of medical devices | | |
| Point-of-care and in vitro diagnostic (IVD) technologies | | |
| Other if any (specify) | | |

DECLARATION

I hereby declare that:

(1) The entries made in this application form are true and correct to the best of my knowledge and belief. If any part of the information given is found to be false or incorrect, I shall forfeit the claim to the post and will be liable to the disciplinary action.

(2) I have not been convicted by a Court of Law for any offence.

(3) I have not indulged in any of the acts of misconduct such as participating in Gherao of any educational authority, whether academic or administrative, manhandling or abusing such authority or damaging any building or other property.

(5) I shall abide by the ordinances, statutes, rules and regulations that may be made by the Institute.

(Signature of applicant)

Name of applicant: _____

Date: ______
Place: _____