

राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान, रायबरेली नाईपर रायबरेली ट्राजिट कैम्पस, बिजनौर – सिसेंडी रोड, सरोजनी नगर, लखनऊ (यू०पी०) – 226002 National Institute of Pharmaceutical Education & Research, Raebareli Transit Campus of NIPER Raebareli, Bijnor - Sisendi Road, Sarojini Nagar, Lucknow (UP) - 226002

## Application Form for the Recruitment of Junior Research Fellowship-1 (JRF-1)

For office use: S	erial Number:								
Eligible: yes/no Called for Interview:							Paste here your latest Photo		
Checked the certi	ficates:								
Project: "Single Alzheimer's Dise		-	Technolog	gy for	Detection	on of	Exosoma	l Tau ir	
1. Name:									
2. Father's Name:								•••••	
3. Date of Birth:									
4. Contact inform			•••••	•••••		••••••	••••••		
(i)Telephone with No:				(ii) M	Iobile				
(iii) Address for Communication									
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(iv) Email ID:									
5. Educational Qu	ualifications*								
	Roard/							V	

## Class Name of Institution Marks/CGPA **Passing** University $\mathbf{X}$ XII Graduation Post-Graduation

GATE/G								
Any oth								
Achievem	ents/							
Awards	etc.							
* Attach Self	f-attested Phot	ocopies of all certificates/av	wards from Class X on	wards.				
6. Total rese	earch Experie	ence (in years)						
7. Experien	ce (Detail): A	attach a Separate sheet if	required.					
Organization		Designation	Duration	Responsibilities				
* Attach Salt	f attacted Dhat	cacanias of avnariance carti	Gaato(s)					
* Attach Self-attested Photocopies of experience certificate(s).  8. Publications: (Attach a separate sheet if required)								
National (No's)International								
(No's)								
* Attach Self-attested Photocopies of each publication.								
9. Workshop/Training programs/conference attended								
10. Worksh organized		orograms/conference						
11. Other q	ualifications/	Certified course/relevant	information/achiever	ments if any				
S.No.	Details							
12. A one page summary of prior research experience need to be submitted. 13. Declaration: All the above information provided by me is true to the best of my knowledge and I understand that, if found incorrect, I may be disallowed to appear in the interview/test.								
				Signature of the Candidate				
Date: Place:				-				
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