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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):	MM	DD	YY
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]

	Position held		ation s to be given)		Basic pay	Detailed description about
Employer	(Regular / Contractual)	From	То	Total period (yy/mm/dd)	with scale of pay	nature of duties performed & performing* (Mandatory)
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			

*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 myknowledge 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.)

-4-

Endorsement by the Head of the Institution or Office

	<u>Candidate already in employment should get the following energy</u> <u>his/her present employer</u>	dorsementsigned by
No		Date
Forwar	ded application of Dr./ Shri / Ms	_(Name & Designation).It
is certi	fied that:	
1.	The information furnished by Dr./ Shri / Ms verified from official records and found to be correct.	has been
2.	It is also certified that no disciplinary/ departmental enquiry is either and that he/she is not undergoing any penalty.	pending or contemplatedagainst
3.	His/ Her integrity is beyond doubt.	
		Signature
		Designation

Stamp:

-5-SYNOPSIS

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

1.	Post applied for		0						-				
2.	Name												
3.	Complete addre	ess for communication											
4.	Contact No.												
5.	EmailId												
6.	Date of Birth												
7.	Category (UR/SC valid caste o	C/ST/OBC) / Sub Categ certificate is attached)	gory (PH/XSM)(Copy of										
8.	Age as on		freceipt of applications)	YY		MM	DD						
9.	Details of applic	ation fee paid		DD No.		Dated	1:			Amount	:		
10.	Whether applica (Yes / No)	ation sent through pro	oper channel in prescribedformat										
				EXPERIENCE									
		[]	(Details should be [Exact dates to be given – in	e exactly as per certi	ficate(s from pr	esent emp) loymen	t]			F		AT.
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	esignation	&Grade Pay	[Exact dates to be given – in Complete Office address with	e exactly as per certi n sequence starting n contact numbers	from pr	esent emp FRO M	loymen			Year]	DURATIO	N

(Signature of the candidate)

	Educational Qualification (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 th onwards)	Branch/ Specialization	Subjects	Board/College/ Univ./ Institution	Month and yearof 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)

Qualification:	Through proper channel:	
Experience:	Received on:	
Age:	Any other point:	
Fees:		

<u>REMARKS:</u> (FOR OFFICE USE ONLY)