**Application form: Teaching posts**

*Price: Rs 100/-,*

# INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH
## BORGAON (Meghe), WARDHA

Post applied for        **:** _____

Name of Department    **:** _____

Advertise No.            **: EST/527/119**, dated**: 17/08/2024**

Applied Category       **:** _____

| Please attach |
| :---: |
| Recent |
| Passport size |

(SC / ST / VJ (A) / NT – 1 / NT -2 / NT-3 / EWS / SEBC / OPEN)

1. Name of the applicant     : _____

   Father's/Husband's Name     _____

   Surname     _____

2. Date & Place of Birth     : _____

3. Nationality     : _____

4. Male or Female     : _____

5. Marital Status     : _____

   (Married / Unmarried )

6. Correspondence address     : _____

   With Tel / Mobile Nos.     _____

   _____

   Tel / Mobile Nos.: _____

   Email ID : _____

7. Whether from backward class     : _____

   Or open category, if backward, mention Category &Caste

8. Whether Physically     : _____

   Handicapped

   If yes, please specify details (attach supporting documents)

9.    Academic Vitae (attach documents) : (Appendix – I)

| Exam | Univ./Board | Year of Passing | Subjects | Percentage obtained | Class/ Grade |
|---|---|---|---|---|---|
| Matric / S.S.C | | | | | |
| Inter / H. S.C. | | | | | |
| Graduation | | | | | |
| Post-Graduation. | | | | | |
| Any other examination | | | | | |
| Ph. D. | | | | | |
| GATE / GPAT | | | | | |

10.    Field of specialization               :

11.    University teaching experience*    :    Total        UGlevel : _____
                                                              No. of years PG Level : _____

| Sr. No. | Name of the Institution | Post held & R / T/ C & Pay Scale | Period | | Present Basic Pay Full Time/ Part Time | Reasons for leaving services if any |
|---|---|---|---|---|---|---|
| | | | From | To | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

( R – Regular, T – Temporary, C – Contractual )

12.    Industry experience*                :    Total No. of years : _____

| Sr. No. | Name of the Organization | Post held | Period | | Pay scale & Basic Pay | Reasons for leaving services |
|---|---|---|---|---|---|---|
| | | | From | To | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

*Attach documents: (Appendix – II)

13. Research Guidance ( Please attach separate sheet, if necessary) : _____

    a)     M. Pharm. students – Degree awarded : _____

    b)     Ph. D. students – Degree awarded : _____

    c)     Ph. D. students – Thesis submitted : _____

14. Research Projects ( Please attach separate sheet, if necessary)

    a)     Minor projects completed / on going : _____

    b)     Major projects completed / on going : _____

15. Organized/ Attended State / National / International Conferences / : Seminars / Workshops

16. Research Publications (Attach separate sheet)

17. Books / Chapter in books published

| Sr. No. | Name of Authors | Name of the Principal Author/ Editor of the Book | Your position in sequence of Authors | Title of the Book | Title of the Chapter (if contributed only Chapter/s) | Year of Publication | Referred or Non-Referred | ISBN/ISSN No. | Level (Int. / Nat. / State/ Local) |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |

18. Patents

| Sr. No. | Patents |
|---|---|
|  |  |

19. Extra – Curricular and extension activities

    i)     Participation in N. S. S. activities : _____

    ii)     Participation in University – Industry Interaction : _____

    iii)     Participation in Sports activities at University / State level : _____

    iv)     Participation in any other activities such as Reactor of the Hostel, etc : _____

    v)     Sports Winners at Zonal, Inter-Zonal state and National level Tournaments : _____

    vi)     Any other work : _____

20.    Demand Draft / Receipt, details:

_____

Date:                                                                    Name & Signature
                                                                              of applicant
Place:

## CERTIFICATE

1.    The above information furnished by me is correct
2.    I am neither convicted nor any criminal case, is pending against me.
3.    In case any false information is detected, I understand that my application is liable to be rejected
      or the appointment made would stand terminated.

Signature of applicant

Place: ………………….

Date: ………………….

_____

*If employed, the application should be forwarded through proper channel.*

Recommendation of forwarding
authority_____

_____

Signature of forwarding authority

Place: ………………….

Date: ………………….

Seal of the Department / Institute

a. The candidate has fulfilled all the conditions as per advertisement; hence his / her application form is VALID.
b. The candidate has not fulfilled all the conditions as per advertisement, hence his her application form is INVALID for following reason(s):

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Remarks:………………………………………………………………………………………..



**(Member)**                                                              **(Chairman)**
**Scrutiny Committee**                                          **Scrutiny Committee**