



Form No: RD-M003

**INDIAN INSTITUTE OF TECHNOLOGY PATNA  
BIHTA PATNA-801106  
RESEARCH & DEVELOPMENT UNIT**

**ADVERTISEMENT NO: R&D/867/DAF/326**

**DATED: 18.12.2023**

Project No. 867.(If applicable)

Applications are invited in the prescribed format only for the following assignment in a purely time bound research project undertaken in this institute.

1. (a) Name of the temporary assignment : JRF.....  
(b) Number of Post : ...01.....  
(c) Duration of the Post : ...3 month (Extendable to 6 months).....
2. Name of the temporary research project : .....
3. Name of the sponsoring Agency : ...DST.....
4. Consolidated Fellowship/Salary : ...36580.....
5. Qualifications & Experience : ...B. Tech (GATE Qualified)/ M. Tech in electrical engineering, knowledge of motor and controller design, ANSYS and JAMG software.

The candidate desirably should have B. E/B. Tech./M. Tech degree with a minimum CPI of ...7.5.. or 70 % of marks. The upper age limit for applying for the ..... position shall be ..... years. Relaxations for SC/ST/OBC/women/PD will be given as per the GOI rules. Working/research experience in the field of Electric motor design will be given preference.

Interested and eligible candidates may appear for the **WRITTEN TEST/WALK-IN INTERVIEW (Online)** on 3<sup>rd</sup> January 2024 at 2 **pm** at Dr. Ranjan Kumar Behera., Dept. of Electrical Engineering, IIT Patna, Bihta, Patna – 801106 with updated resume along with the original copies of all supporting documents (certificates, mark-sheets, and degrees). No TA/DA is admissible for appearing in the interview.

For any query contact Investigator(s) : **Dr. Ranjan Kumar Behera, Dept. of Electrical Engineering, IIT Patna, Emails: rkb@iitp.ac.in** Tel.: 0612-3028085.

**Deputy Registrar**

Copy to:

1. Associate Dean, R&D, IIT Patna
2. All Wardens, Halls of Residence, IIT, Patna
3. All other IITs/IITBHU/Universities
4. Advertisement file
5. Project file



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FORMAT OF APPLICATION FOR JRF

Name & Address Including email id and Phone no. (for Correspondence)	Category (GEN/OBC/SC/S T/PD)	DOB dd/mm/yy	Professional Exam. (GATE/CSIR-NET, etc) & Validity
NAME IN CAPITAL Address:  Phone: Email:			
<b>Educational Qualification</b>			
<b>Institute/ Board</b>	<b>Exam Passed</b>	<b>Year of Passing</b>	<b>% of Marks/CPI</b>
	Class X		
	Class XII		
	Bachelors (B.Sc/B.Tech/B.E./BCA) or equivalent		
	Masters (M.Sc/M.Tech/M.E/MCA/ MA) or equivalent		

Qualifying degree	Degree/ major/Specialization
(B.Sc/B.Tech/B.E./BCA)	
(M.Sc/M.Tech/M.E/MA/MCA)	
Others	

Signature of applicant

Date:

Place: