#### Advertisement for Junior Research Fellow (JRF) Recruitment

Date: 25th October 2024

Applications are invited for the position of Junior Research Fellow (one), available at the Centre for Excellence in Material Sciences, Thapar Institute of Engineering and Technology, Patiala, PB-147004, on a full-time (temporary) basis. The details are as follows;

**Title of the Project:** Development of an Affordable, Point-of-care Device for Instant Detection of Gluten from Food Samples to Prevent Aggravation of Celiac Disease.

**Funding agency:** Centre for Excellence in Material Sciences, Thapar Institute of Engineering and Technology.

**Position available:** Junior Research Fellow

No. of Position: One

**Period of employment:** Initially, it is for one year and extends up to three years. (full-time,

temporarily)

**Fellowship amount**: Rs. 25000/pm (without NET/GATE) or 35000/ pm (with NET/GATE) **Essential qualification:** First-class master's degree from a recognized university/ research institute in Chemistry/ Organic Chemistry/ Medicinal Chemistry/Biochemistry with organic synthesis experience.

**Desirable qualifications:** Throughout the first class in academia

NET/GATE-qualified students will be preferred. Proven track record of research experience

**Format of application**: The candidates may directly send their application form (**Appendix I**) to <a href="mailto:diptiman@thapar.edu/kpaul@thapar.edu">diptiman@thapar.edu/kpaul@thapar.edu</a>

**Documents:** All the candidates need to submit self-attested copies of age proof, final mark sheets from graduation onwards, copy of NET/GATE certificate (if applicable), proof of previous experience (if applicable), and published papers (if applicable).

In case of results awaiting category, submit Appendix II

Last date of receipt of complete application: 5<sup>th</sup> November 2024 (5:00 pm)

## Appendix I

### Form for application for Junior Research Fellow (JRF) under CEEMS-TIET

| 2.<br>3. | Date of Birth:<br>Gender: M / F                  |                |                  | (dd/mm/yyyy)  please tick the correct option |             |  | correct option | Pest a self-atte |                   |  |
|----------|--|----------------|------------------|--|-------------|--|----------------|------------------|-------------------|--|
| 4.       | . Category: Gen/SC/ST/OBC                        |                |                  |  |             | please tick the correct option         |                |                  | passport size pic |  |
| 5.       | Physical Disabilities: Yes / No                  |                |                  |  |             | please tick the correct option         |                |                  | here              |  |
| If yes,  | please men                                       | tion           | the type of disa | ıbiliti                                      | es          |  |                |                  |                   |  |
| 6.       | Father's Name:                                   |                |                  |  |             |  |                |                  |                   |  |
| 7.       |  |                | ne:              |  |             |  |                |                  |                   |  |
| 8.       |  |                |                  |  |             |  |                |                  |                   |  |
| 9.       | Legal Guardian's Name: Complete Mailing Address: |                |                  |  |             |  |                |                  |                   |  |
|          |  |                |                  |  |             |  |                |                  |                   |  |
| 10.      |  |                |                  |  |             |  |                |                  |                   |  |
| 11.      |  |                | er:              |  |             |  |                |                  |                   |  |
| 12.      | Emergenc   | y Co           | ontact No        |  |             |  |                |                  |                   |  |
| 13.      | Aadhar card No.                                  |                |                  |  |             |  |                |                  |                   |  |
| 14.      | Academic   | Qua            | alification:     |  |             |  |                |                  |                   |  |
|          | Class Name of the board/ Unive                   |                |                  |  | Year of     | Year of Subjects/ Specialization Award |                |                  | f Marks<br>CGPA   |  |
| 10+2     |  |                | board/ Offiver   | Sity   | Awaru       |  |                |                  | JOIA              |  |
| B.Sc.    |  |                |                  |  |             |  |                |                  |                   |  |
|          | ./ Equivale                                      | nt             |                  |  |             |  |                |                  |                   |  |
| Any      | Other  |                |                  |  |             |  |                |                  |                   |  |
| 15.      | NET/ GAT   | Γ <b>E</b> / ] | Equivalent Qu    | alific                                       | cation: Yes | / No                                   | (please        | tick the co      | rrect option)     |  |
| If Yes:  | •  |                |                  |  |             |  |                |                  |                   |  |
| Namo     |  |                | _                | Subj   | ect         | Year of                                | Valid till     | All              | India             |  |
| Exan     | n  | Au             | thority          |  |             | award                                  |                | Rank             |                   |  |

| 16.    | Research      | work in Masters    | Level Experience: | Yes/ No. | (please     | tick the correct option) |
|--------|---------------|--------------------|-------------------|----------|-------------|--------------------------|
| If yes | s, please pro | vide a writeup ab  | out the same (200 | words m  | ax, include | key skills):             |
|        |               |                    |                   |          |             |                          |
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|        |               |                    |                   |          |             |                          |
|        |               |                    |                   |          |             |                          |
| 17.    | List of res   | search publication | ns (if any):      |          | (may attac  | h additional page)       |
|        |               | •                  | V /               |          | ` <b>*</b>  |                          |
|        |               |                    |                   |          |             |                          |
|        |               |                    |                   |          |             |                          |

| 18. Name and contact no of Two referees (one must be the research supervisor if applicable):  |
|---|
| 19a. Referee No.1   |
| Name:   |
| Designation:  |
| Affiliation:  |
| Relation with candidate:  |
| Contact email:  |
| Contact Phone no.:  |
| 19b. Referee No.2   |
| Name:   |
| Designation:  |
| Affiliation:  |
| Relation with candidate:  |
| Contact email:  |
| Contact Phone no.:  |
| Checklist of copies of self-attested documents (Please tick as applicable)  |
| <ol> <li>Proof of age (Mandatory)</li> <li>Aadhar card (Mandatory)</li> <li>Passport size picture (Mandatory)</li> <li>Cast certification (except general)</li> <li>Physically challenged certificate (if applicable)</li> <li>Mark sheets and certificate of 10+2 (Mandatory)</li> <li>Mark sheets and certificate of B.Sc. / Equivalent (Mandatory)</li> <li>Mark sheets and certificate of M.Sc. / Equivanelt (For Results awaited category DMCs till last Semester)</li> <li>In case of the results awaited category, declaration form HOD (Appendix II)</li> <li>NET/ GATE/ Equivalent (if applicable)</li> <li>First page of research publications (if applicable)</li> </ol> |
| The information provided above is true to the best of my knowledge. I also declare I have not been convicted of any criminal charges presently or in the past. If I find any wrong information, my application will automatically get canceled.   |
| Name:   |
| Date and Place: Signature   |

## Appendix-II

# The format for a declaration by HOD for the Results Awaited Category is as follows: (preferentially on an institute notepad)

| (preferentially on an institute notepau)                              |   |
|---|---|
| This letter is written to confirm that [                              | Student Name .] ( enrolmer  |
| Department Name   | t of the [MSc/BTech/M. Pharm] program i] at [Universit  |
| Name], is applying for adnapplying for] under the Results Awaited Cat | mission to [mention program/position student in tegory.   |
| successfully graduate by [expected graduate                           | pected to complete all program requirements and ion date]. He/ She has a strong academic recording system). He/She has consistently performed relevant courses or projects. |
| knowledge to be successful in your program                            | m. We understand the Results Awaited Categor al final transcript and degree certificate as soon a   |
| Thank you for considering [ Studen to your positive response.         | nt Name ]'s application. We look forwar   |
| Name:   | Signature   |
| Place and Date  | Stamp   |