Form No: RD-M003



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

ADVERTISEMENT NO: R&D/1181/IMA/519 DATED: 23.10.2025

Project No:R&D/C/CEE/IMA/2024-2025/1181(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 : Project Office Assistant.

(b) Number of Post : 01 (c) Duration of the Post : 2 years

- 2. Name of the temporary research project :Instrumentation and model analysis in connection to the health assessment of bridge no. 47 in RGD-TIA section.
- 3. Name of the sponsoring Agency: East Central Railway (Govt. of India)
- 4. Consolidated Fellowship/Salary:22,000/- +HRA
- 5. Qualifications & Experience: B.Com + 3Year Experience

The candidate desirably should have **Graduation**degree with a minimum CPI of **6.5** or **60%** of marks in the **qualifying degree**. The upper age limit for applying for the **Project Assistant**position shall be **30** years. Relaxations for SC/ST/OBC/women/PD will be given as per the GOI rules. Working/research experience in the field of **general office management** (purchase and file movement) and assisting in material testing using Laboratory/workshop equipment, such as CTM etc.will be given preference.

Interested and eligible candidates may appear for the **ONLINE INTERVIEW** on **29/10/2025** at**03**:00 **pm** at Dr. Amit Kumar Verma Dept.of. CEE IIT Patna, Bihta, Patna – 801106 with updated resume along with the original copies of all supporting documents (certificates, marksheets, and degrees). No TA/DA is admissible for appearing in the interview.

For any query contact Investigator(s): **Dr. Amit Kumar Verma, Dept. of CEE, IIT Patna, Emails:**AKV@iitp.ac.in Tel.: 0612-302035.

Assistant Registrar

Copy to:

- 1. Associate Dean, R&D, IIT Patna
- 2. Advertisement file
- 3. Project file

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ADVT NO: R&D/1181/IMA/519	DATED: 23.10.2025
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FORMAT OF APPLICATION FOR

Name & Address Including email id and Phone no. (for Correspondence) NAME IN CAPITAL Address:		Category (GEN/OBC/SC/S T/PD)	DOB dd/ mm/yy	Professional Exam. (GATE/CSIR-NET, etc) & Validity	
Phone: Email: Educational Qualificati	on				
		am Passed	Year	of Passing	% of
	1	0 th Class			Marks/CPI
		2 th Class			
		Bachelors			
		ech/B.E./BCA/B.			
		Com)			
		equivalent			
		Masters			
	`	Tech/M.E/MCA/ A/M.Com)			
		equivalent			
Qualifying degree		Degree/ major/Speciali	ization		
(B.Sc/B.Tech/B.E./BCA/F	3.Com)				
(M.Sc/M.Tech/M.E/MA/N)			
Others					

Signat	ture of	app	licant

Date: Place: