## OFFICE OF THE DEAN (R & C), NIT, TIRUCHIRAPPALLI ADVERTISEMENT IN NITT WEBSITE FOR RECRUITMENT OF PROJECT STAFF

Ref. No.: NITT/R/722/MoM/MME/VK/HR Date: 30.12.2025

Applications are invited from Indian Nationals only for Project Positions as per the details given below, for research projects, under the principal investigator, Dr. V. Karthik, Metallurgical Materials Engineering, National Institute of Technology, Tiruchirappalli-15, Tamil Nadu.

| 1 | Title of the Project                    | Design and Development of Smart Electrospun Nanofiber Membranes (SENMs) for Targeted Metal Recovery in Waste Recycling Processes |  |  |
|---|---|--|--|--|
| 2 | Funding Agency for the Project specimen | Ministry Of Mines, India   |  |  |
| 3 | Project Positions and Number            | Project Assistant and Vacancy (01)   |  |  |
| 4 | Qualifications                          | Essential: B.Sc. Chemistry   |  |  |
|   |   | Desirable: Min. 1 year of research/industrial experience in  |  |  |
|   |   | the metal extraction processes or mineral beneficiation  |  |  |
|   |   | processes.   |  |  |
| 5 | Emoluments                              | ₹.20,00.00 + 18% HRA per month   |  |  |
| 6 | Duration                                | 10 months  |  |  |
| 7 | Age limit and relaxation details        | Max. 50 years.   |  |  |
|   |   | (Age Relaxation OBC-3 years, SC/ST – 5 years)  |  |  |
| 8 | Job Description                         | To perform experimental works on electrospinning & metal   |  |  |
|   |   | recovery, and documentation works related to the project.  |  |  |

- A. Candidates before appearing for the interview shall ensure that they are eligible for the position they intend to apply.
- B. Candidates desiring to appear for the Interview should submit their applications with the following documents to the Office of the Principal Investigator through Registered/ Post.
- C. Application should be furnished only in the prescribed format.
- D. Experience including research, industrial field and others.
- E. Attested copies of degree/ certificate and experience certificate
- F. Candidates shall bring along with them the original certificates at the time of interview for verification.
- G. Please note that **no TA/DA** is admissible for attending the interview.
- H. The last date and time of submission of duly filled in application 13.01.2026 and The application should be submitted only in the prescribed format along with Bio-Data and supporting documents by post/courier to Dr. V. Karthik, Assistant Professor, Dept. of Metallurgical and Materials Engineering, National Institute of Technology, Tiruchirappalli 620015 with the subject marked as Application for the post of Project Assistant, SENM project.

(Sd.)
Dr. Karthik V
Name and Signature of the Principal Investigator

## OFFICE OF THE DEAN (R & C), NIT, TIRUCHI RECRUITMENT OF TEMPORARY PROJECT STAFF --PRESCRIBED APPLICATION FOR THE POST OF PROJECT ASSISTANT

| ASSISTANT                                     |  |  |  |  |  |
|---|--|--|--|--|--|
| Paste here your                               |  |  |  |  |  |
| recent passport size colour Photograph        |  |  |  |  |  |
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| APPLICATION FOR THE POST OF PROJECT ASSISTANT |  |  |  |  |  |
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| 1. Name of the Car  | ndidate in full |             |                    |                     |               |  |  |
|---|-----------------|-------------|--------------------|---------------------|---------------|--|--|
| 2. Nationality  |                 |             |                    |                     |               |  |  |
| 3. Mother Tongue  |                 |             |                    |                     |               |  |  |
| 4. Date of Birth  |                 |             | Date               | Month Year          |               |  |  |
| 5. Sex  |                 |             | Male / Female      |                     |               |  |  |
| 6. Marital Status   |                 |             | Married / Single   |                     |               |  |  |
| 7. Category   | SC / ST / OB    | C / General | Please specify     |                     |               |  |  |
| 8. Address for com  | ımunication     |             |                    |                     |               |  |  |
|   |                 |             |                    |                     |               |  |  |
|   |                 |             |                    |                     |               |  |  |
| Email   |                 |             |                    |                     |               |  |  |
| Mobile n  | umber           |             |                    |                     |               |  |  |
| 9. Project Title  |                 |             |                    |                     |               |  |  |
| 10. Name of the Po  | ost applied for |             |                    |                     |               |  |  |
| 11. Advertisement Number with Date                        |                 |             |                    |                     |               |  |  |
| Academic Career: Enclose photo copies of the quali        |                 |             | alifying degree ce | rtificates and mark | sheets/ grade |  |  |
| cards showing the percentage of marks or CGPF from HSC of |                 |             | rom HSC onwards    |                     |               |  |  |
| Name of Exam  | School /        | Board/      | Broad subjects     | Year of Passing     | % of marks /  |  |  |
|   | University      | University  | of study           |                     | GCPA          |  |  |
| S.S.L.C   |                 |             |                    |                     |               |  |  |
| H.S.C   |                 |             |                    |                     |               |  |  |
| Graduation  |                 |             |                    |                     |               |  |  |
| Post-Graduation   |                 |             |                    |                     |               |  |  |
| Any other   |                 |             |                    |                     |               |  |  |

Enclose self-attested Xerox copies

| 12. GATE/NET | Score | Subject |  |
|--------------|-------|---------|--|
|              | Year  |         |  |

| 13. Have you or yo                      | ur relatives asso                   | ociated with                    | NIT Tir          | uchirappa            | ılli? (if ye           | es, provi              | de the details)  |
|---|-------------------------------------|---------------------------------|------------------|----------------------|------------------------|------------------------|--|
| 14. Have you alread provide the details | -                                   | ssociating w                    | ith NIT          | Tiruchirap           | opalli.(St             | tudent/P               | Project staff, etc.,)? (if yes,  |
| position                                |                                     | D                               | Duration         |                      | Nature of Job          |                        |  |
|   | From                                | From                            |                  | То                   |                        |                        |  |
|   |                                     |                                 |                  |                      |                        |                        |  |
| 15. Work Experience                     | ce, if any                          |                                 |                  |                      |                        |                        |  |
| Organization                            | Designation                         | on                              | Duration         |                      | tion                   |                        | Nature of Job  |
|   |                                     | F                               | rom              |                      | То                     |                        |  |
|   |                                     |                                 |                  |                      | 1                      |                        |  |
|   |                                     |                                 |                  |                      |                        |                        |  |
|   |                                     |                                 |                  |                      |                        |                        |  |
|   |                                     |                                 |                  |                      |                        |                        |  |
| 16. Previous Resea                      | rch work and pi                     | ublication, if                  | any (e           | nclose cop           | oies of p              | ublished               | or unpublished work)   |
| 17. Proof of past st                    | udy as a sponso                     | ored candida                    | ate, or o        | other cont           | ractual                | obligatio              | on, if any:  |
| 18. Reference                           |                                     |                                 |                  |                      |                        |                        |  |
| Name                                    |                                     | Address                         |                  |                      | Phone & E Mail ID      |                        |  |
|   |                                     |                                 |                  |                      |                        |                        |  |
|   |                                     |                                 |                  |                      |                        |                        |  |
| knowledge and be<br>Project/consultance | elief. If admitt<br>y associated to | ed,I shall<br>it. If any info   | abide<br>ormatio | by the ruon furnishe | ules and<br>ed in this | l regulat<br>s applica | n is true to the best of my<br>tions of the Institute and<br>tion is found to be untrue, I<br>egal action be taken against |
| Date:                                   |                                     | Full signature of the Applicant |                  |                      |                        |                        |  |
| List of Enclosures:                     | (1)                                 |                                 |                  |                      |                        |                        |  |
|   | (2 <b>)</b>                         |                                 |                  |                      |                        |                        |  |
|   | (3)                                 |                                 |                  |                      |                        |                        |  |
|   | (4)                                 |                                 |                  |                      |                        |                        |  |