श्री चित्रा तिरुनाम आयुर्विज्ञान और पौद्योगिकी संस्थान, निवंद्रम, तिरुवनन्तपुरम - 695 011, केरम, भारत

## SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM THIRUVANANTHAPURAM - 695 011, KERALA, INDIA

(एक राष्ट्रीय महत्व का संस्थान, विमान और प्रीवृथोगिकी विभाग, भारत सरकार)

(An Institution of National Importance, Department of Science and Technology, Government of India) देवीचीन नं/Telephone No.: 0471-2443152 केस्स/Fax: 0471-2446433, 2550728

\$-नेज/E-mail: sct@sctimst.ac.in व्यवस्था/Website: www.sctimst.ac.in



Research & Project cell: 0471-2524437/637, projectcell@sctimst.ac.in

# REQUIRES SENIOR RESEARCH FELLOW (TEMPORARY)

For NSM Funded Project entitled "Development of HPC tools for CFD-based patient specific management of Cerebral Aneurysms)(#5424)

1. Qualification & Experience

: 1. B.Tech/M.Tech (Mechanical Engineering/Computer Science/Electrical Engineering/Electronics Engineering/Clinical Engineering/Biomedical

(Essential)

Engineering
2. Qualified in GATE

3. 2-years of CFD work/research experience

2. Qualification & Experience (Desirable)

: CFD Experience (in particular commercial/community solvers such as,ANSYS/ABAQUS/COMSOL/OPENFOAM is welcome).

Experience in biological systems, fluid/blood flow simulations is Desirable. Programming experience in C/C++/Python/MATLAB

3. Maximum age limit as On **31-05-2021** 

: 35 Years

4. Number of vacancies

: 1 (UR)

5. Consolidated remuneration

: Rs.35,000/- + 16% HRA per month

6. Tenure of Appointment

: One year (extendable) or till completion of the project, whichever is earlier.

7. Brief job description

: 1. Data acquisition and image processing of patient-specific aneurysm models 2. Performing Computational fluid dynamics simulations in OPENFOAM/commercial solver. 3. Code parallelization using MPI 4. Performing test runs on NSM facilities and procuring and analyzing the scientific data using suitable visualization tools.

8. Nature of appointment

:Purely on contract

Interested candidates may submit the scanned copy of application in the prescribed format with self attested copies of certificates to prove their age, qualifications, experience etc by email to <a href="mailto:projectcell@sctimst.ac.in">projectcell@sctimst.ac.in</a> on or before 10/05/2021. The applications will be screened and the eligible candidates will be informed the details of Online Interview through email/phone. Candidates should provide proper contact email ID and mobile number.

In case 2 years experienced candidates are not available for selection, lesser experienced candidates will be considered for selection at a lower remuneration of Rs.31,000/- +16% HRA pm.

R&P Cell/23/5424/SCTIMST/2021 dated 27/04/2021 Notice Board (Hospital Wing/AMC/BMT Wing)/Website सूचना पटट -अस्पताल/ए एम सी एच एस एस/बी एम टी /वेबसाइट Sd/-DIRECTOR

Administrative officer

#### श्री चित्रा तिरुवाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेंद्रम, तिरुवनन्तपुरम - 695 011, केरल, भारत SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM THIRUVANANTHAPURAM - 695 011, KERALA, INDIA

(एक राष्ट्रीय महत्व का संस्थान, विज्ञान और प्रौद्योगिकी विभाग, भारत सरकार) (An Institution of National Importance, Department of Science and Technology, Government of India) देलीफॉन नं./Telephone No.: 0471-2443152 फैक्स/Fax: 0471-2446433, 2550728 ई-मेल/E-mail: sct@sctimst.ac.in वेबसाइट/Website: www.sctimst.ac.in

### RECRUITMENT REPORT FORM

(Write	Roll No	٠,

	(All fiel	ds must b	(Write Roll No.)		
1.	Post applied for	:			(Write Ron No.)
2.	Name of candidate (in capital letters)	:			
3.	i. Notified Reservation Category (SC/ST/OBC (NCL)/UR) to which you belong	:			
	ii. Specify Religion & Caste	:			
4.	Gender (Male/Female/Others)	:			
5.	Date of birth & Age	:			
6.	Present address with pin code	:			
7.	Permanent address with pin code	:			
8.	Contact no. (Landline & Mobile)	:			
9.	Email address	:			
10.	Father's name, occupation & address	:			
11.	If you belongs to PWD category (40% or more), write type of disability	:			
12.	i. Married or Single	:			
	ii. If married, write name and address of your spouse	:			
13. <b></b>	Physical Characteristics	: 	Height:	Weight:	

#### (For Office Use Only)

Certificate Verification Particulars		Y/N	Remarks		
Qualification & Experience					
Desirable:	Computer Ope	eration			
Caste Certif	icate produced	SC / ST / OBC / UR			
Age Relaxation given SC / ST / OBC / PWD / Ex-s		ervicemen			
/-		/ Widow/ Divorced Women/ Others			
Other Rema	arks (if any)				
Name of Veri	ifying Officer		Signature	e of Verifying Officer	

		Oniversit	,	Entry	leaving	hassing	OI IIIdi K5	Grade
	19. Previous Employment det	zile						
	17. Trevious Employment det	alls						
Sl.	Address of employer	Designation &		ture of	Peri	od of Experie	nce	Reason for
Sl. No				ture of work	Peri From Date (DD/MM/YY)	od of Experien  To Date  (DD/MM/Y	Total	Reason for leaving
	Address of employer (Specify No. of beds if worked	Designation &			From Date	To Date	Total	
	Address of employer (Specify No. of beds if worked	Designation &			From Date	To Date	Total	
	Address of employer (Specify No. of beds if worked	Designation &			From Date	To Date	Total	
	Address of employer (Specify No. of beds if worked	Designation &			From Date	To Date	Total	
	Address of employer (Specify No. of beds if worked	Designation &			From Date	To Date	Total	
	Address of employer (Specify No. of beds if worked	Designation &			From Date	To Date	Total	

<u>Declaration</u>
I declare that the above furnished details are true and correct to the best of my knowledge and belief. I am aware

that in the event of my furnishing any false information, the Institute reserves its right to terminate my service without

16. Date and the State in:

Date of

which you are registered

in the concerned council

Percentage

Rank/ Class/

14. Identification marks

write Reg. No.

Designation.

S1.

15. If you are a professional (Medical:

graduate/Nurse/Pharmacist etc.),

Name of examination passed

21. Name and address of two references:

i. ii.

Date:

Thiruvananthapuram

notice.

17. If any of your relatives employed in this: Institute, indicate name(s), relationship,

18. Academic record (from matriculation onwards-including course attended)

Name of Board/

Year of

Year of

i. ii.

Signature of the candidate