



Babasaheb Bhimrao Ambedkar University
(A Central University)
Vidya Vihar, Rae Bareli Road, Lucknow-226025

Department of Pharmaceutical Sciences
Advertisement for Junior Research Assistant (JRA) position

Ref. No. **307/D.Ph.Sc./BBAU/2025**
Walk-In-Interview

Date: **11/07/2025**

A walk-in-interview is scheduled on 31-07-2025 at 11:00 AM onwards in the Department of Pharmaceutical Sciences, BBAU, Lucknow for the selection of one **Junior Research Assistant (JRA)** to work on purely time-bound CST-UP sponsored project.


Project Title: Tamoxifen and dalbergin loaded multifunctional liposomes with GE11 peptide and hyaluronic acid to target EGFR and CD44 receptors for the treatment of triple negative breast cancer and its metastasis

Project ID: 3116 (Sanction letter No. CST/D-1560 dated; 26-10-23)

Period: From the date of appointment to 11-02-2027

Position	Qualification/Eligibility (as per CST-UP guidelines)	Number of vacancy	Fellowship/Emol uments
Junior Research Assistant	First class in B.Pharm., and M.Pharm., (Pharmaceutics) Desirable: Experience on <i>in-vitro</i> cell culture experiments, molecular pharmacology and <i>in- vivo</i> animal studies. Age not more than 28 years on 01-04-2026 Must be a resident of Uttar Pradesh	01 (ONE)	Rs. 25,000/- per month consolidated of initial two years and INR 28,000/- per month in 3 rd year of the project.

The appointment of JRA in the project will be fulltime and purely on temporary basis for a year, renewal of the JRA for another year will be based on his/her satisfactory performance. The candidate fulfilling the essential qualifications may send the application form in the attached format along with all required documents via email to vijayakumar.pharm@email.bbau.ac.in (Dr. Vijayakumar M.R., P.I.) on or before 30-07-2025 and should bring original documents along with one set of photocopies of academic records, experience certificate(s) and publications. No TA/DA will be paid for attending the interview. [Note: Fellowship will be provided after release of the second year grants from CSTUP]


Dr. Vijayakumar M.R.
Principal Investigator
CST-UP Project

Dr. Vijayakumar M.R.
Assistant Professor (Pharmaceutics)
Department of Pharmaceutical Sciences
Babasaheb Bhimrao Ambedkar University
(A Central University) Lucknow-226025

बाबासाहेब भीमराव अम्बेडकर विश्वविद्यालय

(केन्द्रीय विश्वविद्यालय)

विद्या विहार, रायबरेली रोड, लखनऊ-226025

BABASAHEB BHIMRAO AMBEDKAR UNIVERSITY

(A Central University)

Vidya Vihar, Raebareli Road, Lucknow-226025

Application Form for Project Fellow Under CST-UP Project

• Registration No. (For Office use Only): _____

1. Name of the Post Applied for:-----

Department: -----

Paste your
Passport size
photograph

2. Personal Details:

a) Name (in capital letters)	Mr./Ms./ Mrs./Dr.	First Name	Middle Name	Surname
b) Date of Birth (DD/MM/YY)				
c) Father's Name				
d) Mother's Name				
e) Nationality				
f) Gender		Male / Female:		
g) Religion				
h) Community/Category (cross the ones not applicable)		GEN/SC/ST/OBC/Other categories: If other Categories give details:		
i) Marital Status		Married/ Unmarried		
j) If physically disabled indicate the relevant particulars		If applicable write "Yes"	Percentage of Disability	Sl. No of proof enclosed
i) Blindness of Low Vision				
ii) Hearing Impairment				
iii) Locomotors Disability or Cerebral Palsy (Includes all cases of Orthopedically Handicapped)				
k) Present Postal Address with Pin Code				
E-mail:				
Mobile No:				

3.	Educational Qualifications (attach additional pages if required)							
Name of Qualification	Name of the Board/ University	Year	Divisi on	% of marks	Aggregate Marks	CGPA (If grading is applicable)	Subject Studies	S. No. of proof enclosed
High School								
Intermediate								
Bachelor' Degree								
Master's Degree								
M. Phil/ Equivalent								
Ph.D.								

Others, if any								

Indicate whether Ph.D. degree has been Awarded: Yes/No:

In case of Yes please submit the followings	Date of Registration	Date of Submission		Date of Notification	Sl. No. of Proof enclosed
NET UGC/CSIR For lectureship if any		Subject	Roll No	Year	
Any other Exam passed equivalent to NET (SLET/SET etc.)					

4. Chronological List of Experiences (including current position /Employment

Designation & Pay Band	Name& Address of the Employment	Nature of employment (Permanent/ Temporary/ Contract/ Part Time)	Period of Experience		No. of Years/ Months	Nature of Work/Duties	Sl. No. of proof enclosed
			Date From	Date to			

5. Total Period of Experience (Please ensure that the period of Teaching & Research experiences claimed do not overlap)

		Sl. No. of proof enclosed
a) Teaching	No of Years	No. of Months
i) Under Graduate (UG) Level		
ii) Post Graduation (PG) Level		
b) Post- Doctoral: Teaching/ Research		
c) Research Experience		
d) Other Experience, if any		

6. Publications, if any, in last five years (Mention here only numbers. The details of copies of reprint to be enclosed- for teaching posts only)

Publications	Published (Numbers)	ISBN/ ISSN No.	Accepted in print (No.)	Communicated (other than Published/ Accepted)	Sl No. of proof enclosed
Books					
Books (As co-author)					
Books(edited)					
Chapter in books					
Research Paper					

Articles in referred journals					
Conference Proceedings					
Other Publications/Patents (Specify)					

7. Details of Academic Distinctions, if any

Name of the Academic Course / Body	Academic Distinction Obtained	S. No. of Proof enclosed

8. Present Position

Designation	Name of the Institution	Nature of Institution (Govt./ Autonomous Body/ Self Financing/ Private/ NGO/ Others (specify))	Basic Pay & Pay Band	Gross Pay/ Total Salary P.M. (in Rs.)	S. No. of proof enclosed

9. References (Three)

Name & Other Details	Referee-1 (Present Employer)	Referee -2	Referee - 3
Name			
Postal Address			
E- Mail			
Phone (Landline) with STD Code			
Mobile Ph.			
Fax:			

10. Total No. of self attested testimonials attached

(Applications without self attested testimonials will not be entertained)

Declaration:

I-----Son/Daughter of-----hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the selection committee and Board of Management meetings, my candidature /appointment may be cancelled by the University.

Signature of the Applicant

Date

Name (in block letters)