

त्रिपुरा विश्वविद्यालय

TRIPURA UNIVERSITY

(केन्द्रीय विश्वविद्यालय / A Central University)

सूर्यमणिनगर, अगरतला/Suryamaninagar, Agartala

त्रिपुरा, भारत / Tripura, INDIA

पिन/PIN-799022



दूरभाष/Phone : (0381) 237 9004

237 9015

237 9014

फैक्स/Fax : (0381) 237 5355

ई-मेल/ E-Mail: registrar@tripurauniv.ac.in

वेबसाइट/Website : www.tripurauniv.ac.in

Date: 05/06/2024

Advertisement for Project Associate under NGIN Tripura University

Applications are invited from the eligible candidates for the posts of Project Associate under the New Generation Innovation Network (NGIN), Tripura University funded by DIT, Govt. of Tripura.

Name of the project: New Generation Innovation Network (NGIN), Tripura University

Sl No.	Name of the Post	Requirements	No. of Post
1	Project Associate (PA)	A candidate having a minimum Graduate Degree (BE/B.Tech. /MCA/M.Sc./B.Sc.) may apply for the post. The applicant having good knowledge on Software, Office Management and having good Communication Skill will be given preference. Monthly Emoluments: Rs. 25,000 + 8% HRA	01

Procedure for apply the above positions:

1. Interested candidate having the required qualifications and skills may send their application (format attached) along with relevant documents to ngin@tripurauniv.ac.in on or before **10th June 2024 by 5:00 p.m.**
2. The appointment is fully temporary initially for **one year (Upto March 2025)** and extendable subject to performance and fund availability.
3. Shortlisted candidates will be intimated by email about Interview Date and Venue.
4. No TA/DA will be paid for attending the interview.


REGISTRAR (MC)

कुलसचिव(प्रभारी)
Registrar(I/C)
त्रिपुरा विश्वविद्यालय
Tripura University

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Application Form

Applied Post: Project Associate under NGIN Tripura University

1. NAME (CAPITAL):
2. Father Name:
3. Date of Birth:
4. Phone Number & Email:
5. Address for Communication:

6. Educational Qualifications

Standard/ Degree	Board/ University	Subject/ Stream	Institute	%Marks/ CGPA	Passing Year
10 th					
12 th					
UG					
PG					

7. Work Experience:

Sl. No.	Duration	Designation	Organization	Remarks

8. **Declaration:** All the above information provided by me is true to the best of my knowledge and I understand that, if found incorrect, I may be disallowed to appear in the interview/test or terminated at any stage.

Date: _____

Place: _____

Signature of Candidate