

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: 06/10/2026

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 + 10% 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 **8th October 2026**.
2. The appointment is fully temporary **up to March 2027** 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.


06/10/26

REGISTRAR

Prof. Samir Kumar Sil

Registrar (i/c)

Tripura University

Suryamaninagar-799022

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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