



Mankar College
ESTD. - 1987
(Affiliated to The University of Burdwan)

CURRICULUM VITAE

A. PERSONAL INFORMATIONS:

- Name :DEBASHREE GHOSH
- Designation: SACT
- Department: CHEMISTRY DEPARTMENT
- Date of Joining:16.07.2018
- ID NO. :MANK/GL/APPT/01/2017-2018
- Employee Code:
- Address for Communication: SALAR,DIST-MURSHIDABAD,PIN CODE-742401
- Permanent Address: : SAME
- Contact No. :8515926483
- E-mail ID: debashreeghosh1995@gmail.com



B. HIGHEST EDUCATIONAL QUALIFICATION:

→ MS.C(CHEMISTRY)

C. TEACHING EXPERIENCE:

SL.NO.	INSTITUTE	DEPARTMENT	UG (In Year)	PG (In Year)	OTHER (In Year)	FROM	TO	DESIGNATION
	NO	-	-	-	-			

D. SUBJECT SPECILAZATION:

→ ORGANIC CHEMISTRY

E. RESEARCH EXPERIENCE: NA

F. TITLE OF THE RESEARCH/P. Phil TOPIC: NA

G. AREA OF RESEARCH INTEREST :

→ ORGANIC SYNTHESIS

H. EXPERIENCE AS RESEARCH SUPERVISOR (If any):

DEGREE	ONGOING (In Nos.)	COMPLETED (In Nos.)
M.Phil.	NA	
Ph.D.	NA	

I. LIST OF PUBLICATIONS:

1. PUBLISHED BOOKS:

SL.NO.	PUBLISHING MONTH AND YEAR	TITLE OF THE BOOK	SINGLE AUTHOR OR CO-OTHER	ISBN.	NAME OF THE PUBLISHER	OTHER INFORMATION (IF ANY)
	NA					

2. PUBLISHED PAPERS IN EDITED BOOKS:

SL.NO.	PUBLISHING MONTH AND YEAR	TITLE OF THE BOOK	NAME OF THE EDITOR	TITLE OF THE PAPER	SINGLE AUTHOR OR CO-OTHER	ISBN.	NAME OF THE PUBLISHER	OTHER INFORMATION (IF ANY)
	NA							

3. PUBLISHED PAPERS IN JOURNALS:

SL.NO.	PUBLISHING MONTH AND YEAR	TITLE OF THE JOURNAL	TITLE OF THE PAPER	SINGLE AUTHOR OR CO-OTHER	ISSN.	WHETHER IT IS IN UGC -CARE LIST (YES/NO)	UGC-CARE LIST SERIAL NO.	OTHER INFORMATION (IF ANY)
	NA							

J. DETAILS OF PARTICIPATED SEMINARS:

SL.NO	DATE AND YEAR	TITLE/THEME OF THE SEMINAR	INTERNATIONAL OR NATIONAL OR STATE LEVEL	NAME OF THE ORGANISING INSTITUTE	WITH PAPER OR WITHOUT PAPER	TITLE OF THE PAPER	OTHER INFORMATION (IF ANY)
1.	26/09/2019	ISWAR CHANDRA VIDHYASAGA :life&work	INTERNATIONAL	MANKAR COLLEGE	NO		

K. DETAILS OF PARTICIPATED CONFERENCES:

SL.NO.	DATE AND YEAR	TITLE/THEME OF THE CONFERENCE	INTERNATIONAL OR NATIONAL OR STATE LEVEL	NAME OF THE ORGANISING INSTITUTE	WITH PAPER OR WITHOUT PAPER	TITLE OF THE PAPER	OTHER INFORMATION (IF ANY)
	NA						

L. DETAILS OF PARTICIPATED COIURSES/WORKSHOPS:

SL.NO.	DATE AND YEAR	TITLE/THEME OF THE WORKSHOP	INTERNATIONAL OR NATIONAL OR STATE LEVEL	NAME OF THE ORGANISING INSTITUTE	WITH PAPER OR WITHOUT PAPER	TITLE OF THE PAPER	OTHER INFORMATION (IF ANY)
1	NA					-	-

M. INVITED TALK / LECTURE AS A RESOURCE PERSON:

SL.NO.	DATE AND YEAR	NATURE OF THE EVENT: (SEMINAR/CONFERENCE/WORKSHOP/ETC.)	INTERNATIONAL OR NATIONAL OR STATE LEVEL	TITLE / THEME OF THE EVENT	NAME OF THE ORGANISING INSTITUTE	TITLE OF THE PAPER / LECTURE	OTHER INFORMATION (IF ANY)
	NA						

N. FUTURE RESEARCH / PLAN (IF ANY):

1. ORGANIC SYNTHESIS

2.

3.

O. ADDITIONAL INFORMATION (IF ANY):

1.NA

2.

3.

DECLARATION:

I do hereby declare that all the above statements given by me are true to the best of my knowledge and belief.

Place: SALAR

Date:16/04/2020

Name: DEBASHREE GHOSH

Designation-SACT

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