



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

CURRICULUM VITAE

A. PERSONAL INFORMATIONS:

Name: Prasanta Mandal

Designation: Guest Teacher

Department: Mathematics

Date of Joining: 12.09.2018

ID NO. :

Employee Code:

Address for Communication: Krishnapur ,Muradi,Purulia ,West Bengal,723156

Permanent Address: Krishnapur ,Muradi,Purulia ,West Bengal,723156

Contact No. : 9641143265

E-mail ID: prasantamandal94@gmail.com



B. EDUCATIONAL QUALIFICATION:(Put a tick)

Master of Arts Master of Science Master of Commerce M.Phil.
Ph.D. Post Doctoral Others

C. TEACHING EXPERIENCE:

SL.NO.	INSTITUTE	DEPARTMENT	FROM	TO	POSITION/DESIGNATION

D. EXPERIENCE AS SUPERVISOR (If any):

DEGREE	ONGOING	COMPLETED
M.Phil.		
Ph.D.		

E. LIST OF PUBLICATIONS (Last five years):

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)

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)

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)

F. DETAILS OF PARTICIPATED SEMINARS (Last five years) :

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)

G. DETAILS OF PARTICIPATED CONFERENCES (Last five years):

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)

H. DETAILS OF PARTICIPATED WORKSHOPS (Last five years):

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)

I. INVITED TALK / LECTURE AS A RESOURCE PERSON (Last five years):

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)

J. FUTURE RESEARCH / PLAN (IF ANY):

- 1.
- 2.
- 3.

K. ADDITIONAL INFORMATION (IF ANY):

- 1.
- 2.
- 3.

J. DECLARATION:

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

Place:Muradi

Date:05/04/2020

Prasanta Mandal

**Name
Designation**