

Mankar College

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

CURRICULUM VITAE

A. PERSONAL INFORMATIONS:

Name: SUBHENDU KARMAKAR

Designation: STATE AIDED COLLEGE TEACHER CATEGORY-2

Department: MATHEMATICS

Date of Joining: 12/09/2018

ID NO.: X

Employee Code: X

Address for Communication: BABNABERA, PO- AMLAJORA,

DIST-PASCHIM BURDWAN, PIN: 713212

Permanent Address: BABNABERA, PO-AMLAJORA,

DIST- PASCHIM BURDWAN, PIN: 713212

Contact No.: 9476412870

E-mail ID: newtonkarmakar248@gmail.com

B. HIGHEST EDUCATIONAL QUALIFICATION:

M.Sc in Mathematics

C. TEACHING EXPERIENCE:

SL.NO	INSTITUTE	DEPARTMENT	UG	PG	OTHE	FROM	TO	DESIGNATION
			(In Year)	(In Year)	R			
					(In Year)			
Х	Х	Х	X	X	Х	X	Х	Х



D. SUBJECT SPECILAZATION:

- 1. Differential Geometry of Manifolds
- 2. Operations Research
- E. RESEARCH EXPERIENCE: N.A
- F. TITLE OF THE RESEARCH/P. Phil TOPIC: N.A.
- G. AREA OF RESEARCH INTEREST: N.A.

H. EXPERIENCE AS RESEARCH SUPERVISOR (If any):

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

I. LIST OF PUBLICATIONS:

1. PUBLISHED BOOKS:

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

2. PUBLISHED PAPERS IN EDITED BOOKS:

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

3. PUBLISHED PAPERS IN JOURNALS:

SL.NO	PUBLISHIN G MONTH AND YEAR	TITLE OF THE JOURNA L	TITLE OF THE PAPE R	SINGLE AUTHO R OR CO- OTHER	ISSN .	WHETHE R IT IS IN UGC- CARE LIST (YES/NO)	UGC- CARE LIST SERIA L NO.	OTHER INFORMATIO N (IF ANY)
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J. <u>DETAILS OF PARTICIPATED SEMINARS:</u>

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K. DETAILS OF PARTICIPATED CONFERENCES:

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L. <u>DETAILS OF PARTICIPATED COIURSES/WORKSHOPS:</u>

SL.NO	DAT	TITLE /	INTERNATIONA	NAME OF	WITH	TITLE	OTHER
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			STATE LAVEL				
X	X	X	X	X	X	X	X

M. <u>INVITED TALK / LECTURE AS A RESOURCE PERSON:</u>

SL.NO	DATE AND YEAR	NATURE OF THE EVENT: (SEMINAR/CO NFERENCE/W ORKSHOP/ET C.)	INTERNATIONAL OR NATIONAL OR STATE LAVEL	TITLE / THEME OF THE EVENT	NAME OF THE ORGANISIN G INSTITUTE	TITLE OF THE PAPER / LECTUR E	OTHER INFORMAT ION (IF ANY)
X	X	X	X	X	X	X	X

N. FUTURE RESEARCH / PLAN (IF ANY):

1.

my knowledge and belief.

O. ADD	ITIONAL INFORMATION (IF ANY):
1.	
2.	
3.	
DECLAR	ATION:
I do hereby d	leclare that all the above statements given by me are true to the best of

Place:		
Place: Date:		
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Name		

Designation