



	Mankar college	Philosophy	19 month s			12/09 /2018	Till now	SACT
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### **E. SUBJECT SPECILAZATION:**

Western Logic
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### **F. RESEARCH EXPERIENCE:**

### **G. TITLE OF THE RESEARCH TOPIC:**

DEGREE	TITLE
M.Phil.	
Ph.D.	
Post Doctoral	

### **H. AREA OF RESEARCH INTEREST :**

SL.NO	

### **I. EXPERIENCE AS RESEARCH SUPERVISOR (If any):**

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

### **J. 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)

## 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)

## K. 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)

## L. 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)

## M. DETAILS OF PARTICIPATED 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)

**N. 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)

**O. FUTURE RESEARCH / PLAN (IF ANY):**

- 1.
- 2.
- 3.

**P. ADDITIONAL INFORMATION (IF ANY):**

- 1.
- 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: Suri**

**Date:06/04/2020**

**Sukanta mondal**

.....

**Name**

**Designation**