

Mankar College

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

CURRICULUM VITAE

A. **PERSONAL INFORMATIONS:**

Name: SURAJIT GHOSH

Designation: STATE AIDED COLLEGE TEACHER

Department: PHILOSOPHY
Date of Joining: 19-07-2012

ID NO.:

Employee Code:

Address for Communication: VILL & PO.-PANCHGARA, PS-PANAUA, DIST-HOOGHLY, PIN-712149

Permanent Address: VILL & PO.-PANCHGARA, PS-PANAUA, DIST-HOOGHLY, PIN-712149

Contact No. : 8116071496

E-mail ID: surajitg406@gmail.com

B. HIGHEST EDUCATIONAL QUALIFICATION:

M.A.(NET&SET QUALIFIED ALSO)

C. <u>TEACHING EXPERIENCE:</u>

Teaching experience-7.5 YEARS

SL.NO.	INSTITUTE	DEPARTMENT	UG	PG	OTHER	FROM	ТО	DESIGNATIO
			(In Year)	(In Year)	(In Year)			N
1	MANKAR COLLEGE	PHILOSOPHY	7.5 Year			2012	CONTINUE	SACT

ADVANCED SUBSIFICT SPECILAZATION:

E. RESEARCH EXPERIENCE:

NIL

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

G. AREA OF RESEARCH INTEREST:

N.A

H. EXPERIENCE AS RESEARCH SUPERVISOR (If any):

N.A

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

I. <u>LIST OF PUBLICATIONS:</u>

NIL

1. PUBLISHED BOOKS:

SL.NO.	PUBLISHING MONTH AND YEAR	OF	THE	SINGLE AUTHOR OR CO-OTHER	ISBN.	NAME PUBLISH	OF IER	THE	OTHER INFORMATION (IF ANY)
				·					

2. PUBLISHED PAPERS IN EDITEDBOOKS:

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)

J. <u>DETAILS OF PARTICIPATED SEMINARS:</u>

3. PUBLISHED PAPERS INJOURNALS:

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)

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

K. <u>DETAILS OF PARTICIPATED CONFERENCES:</u>

NIL

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

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

NIL

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

M. INVITED TALK / LECTURE AS A RESOURCE PERSON:

NIL

SL.N	O. DATE AND YEAR	NATURE OF THE EVENT: (SEMINAR/CONF ERENCE/WORKS HOP/ETC.)	INTERNATIONAL OR NATIONAL OR STATE LAVEL	TITLE / THEME OF THE EVENT	NAME OF THE ORGANISING INSTITUTE	TITLE OF THE PAPER / LECTURE	OTHER INFORMATIO N (IF ANY)

N. FUTURE RESEARCH / PLAN (IF ANY):

1.

2.

O. 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:

Pandu

а

Hoogh

ly

Name

Swajit Choch

surajit ghosh

Designation

SACT

Date:

07/04 /2020