

CENTRE FOR RESEARCH AND CONSULTANCY

BRIEF BIO-DATA OF DC MEMBER / SUBJECT EXPERT

Name (in BLOCK LETTERS)	
Designation	
Department	
Address (Official)	
Contact Number	
Email ID	
Academic Qualification	
Area of Specialization	
Total Teaching Experience	
Total Research Experience	
Total Industrial experience	
Number of Ph.D. Guided	
Details of publications	
Details of Projects Handled	
Professional Body Membership	

Name and Signature of the Supervisor