



Faculty Information

1. Personal Details

Name of the faculty	D.SURJEETH KUMAR
Department	COMPUTER SCIENCE
Designation	ASSISTANT PROFESSOR(C)
Qualification	M.C.A.,(M.Tech)„H.D.S.E
Date of Joining	01/01/2007
Date of Birth	02/08/1979
Category	BC-A
Mobile Number	9949224101
E-Mail Id	surjeethkumardholi@gmail.com
Address	H.no:2-3-647/1/51/A premnagar amberpet hyderabad telangana 500013

2. Academic details:

Degree	Qualification	Year of Passing	Division	% of Marks
PG (M.A./M.Com/ M.Sc/M.Tech/ MBA/ MCA/Any other)	M.C.A	2004	I division	68.7%
CSIR/UGC-NET/SE LT/Any other	H.D.S.E from Aptech	2000	I division	72%
Any other				
Research details	Title of Thesis			Year of award
M.Phil				
Ph.D				

6. Research Details:

Research Experience	(No.of years)		
Area of research			
Supervisor for M.Phil/Ph.D			
No of students working	Ph.D: M: F:	M.Phil: M: F:	
No. of students with fellowship	M:	F:	Total:
No. of M.Phil/Ph.D. Produced	Ph.D: M: F:	M.Phil: M: F:	
Name of Students awarded. M.Phil/Ph.D	Year of Awarded		
1.			
2.			
3.			
4.			
5.			

Total No. of Research Publications:

International:

National:

7. List of publications

Title of Paper	Name of the Journal	Volume and Page No	Year of Publication	Impact factor	National/International

8. Member on editorial board or referee for national/international

Name of the Journal	Status on the editorial Board	ISSN Number	Periodicity of Publication	Year of Inception of Journal	Impact factor

9. No. of Paper Presented in Conference/workshop/seminars: (Oral/Poster)

Title of the paper	Name of Conference/ workshop/ Seminars	Date and year	State/National /International	Oral/Poster

10. Patent Rights:

Total No. of Patents:

No. of Patents applied:

No. of Patents approved:

Sno	Year	National/ International	Country	Patent Information

11. Research Projects:

Total No. Projects:

Major:

Minor:

Title of Project	Major /Minor	Funding Agency	Amount	Duration	Date and Year

12. Consultancy Projects:

Title of Project	Organization (National/ International)	Country	Name of Consultancy	Funds earned

13. Students Projects:

Total No.of Student Projects Guided:

Name of the student	Course	Title of the Project	Duration of the Project

14.Conferences/ workshop/ seminars/Training Program etc organized.

Name of the Seminar	National /International	Date	No. of papers presented	No. of Participants		Source of funding
				OU	Other Institution s	

15. Conferences/ workshop/ seminars/Training Program etc attended.

Name of the Seminar attended	National/ International	Duration		Venue
		From	To	

16. Faculty visit abroad on academic purpose:

Institution Visited & Period of Visit	Country	Sponsoring of agency	Activity undertaken

17. Awards / distinction received if any

Name of the award	International/ national/ state level	Nature of Award

18. Faculty distinction/Nominations to University/State/National/International bodies.

Membership / Distinction earned	Organization	University/State/ National/International Level

19. Collaborative programs if any other University / Organization/ Industries

Name of Program	Nature of Collaboration	Collaborating organization and Country	Objectives of MOU

20. Any other Duties taken up:

21. Life Members of any bodies:

22. Any another relevant information:

SIGNATURE