

Faculty Information



Brief Profile of Faculty in Less than 500 words

D.MOUNIKA

Email id: mounadunkala@gmail.com

Mobile no: 7893289569

OBJECTIVE

Seeking the position of statistics teacher in an organization that will give me the opportunity to utilize my skill set for the progress of the organization.

SKILLS

Hardworking, Self motivated, Creative, Visionary, Practical decision making, Result oriented, dedicated towards my work, always try to improve myself and the best one is I never give up. I always believe in doing work not think about its fruit. And also I'm a good learner as well as good teacher.

COMPETENCIES

- Ability to teach the lessons in an interesting manner so that the students see the logic and retain the information.
- Participative style of teaching. well versed with virtual teaching platforms.

CAREER SUMMAY

- Talent for employing unique teaching strategies to effectively engage all students and foster a fun and fascinating learning environment.
- Quickly develops an excellent rapport with staff members to produce a friendly and supportive college community .

Faculty Information

Detailed CV



1. Personal Details

Name of the faculty	D.MOUNIKA
Gender	FEMALE
Department	STATISTICS
PAN	
Designation	PART TIME LECTURER
Qualification	MSC(STATISTICS)
Date of Joining (Submit Appointment Letter)	27-07-2016
Date of Birth	04-06-1993
Category	SC(MALA)
Mobile Number	7893289569
E-Mail Id	Mounadunkala@gmail.com
Address	80/2, MAHABHARATH NAGAR, KHAIRATABAD-HYD

2. Academic details:

Degree	Qualification	Month and Year of Passing	Division	% of Marks	Univ/Board/ Institution with State
PG (M.A./M.Com/ M.Sc/M.Tech/ MBA/ MCA/Any other)	MSC(STATISTICS)	MAY/JUNE 2015	FIRST	7.43	OSMANIA UNIVERSITY, TELANGANA
CSIR/UGC-NET /SELT/Any other					
Any other					
Research details	Title of Thesis			Month and Year of award	Univ/Board/ Institution with State
M.Phil					
Ph.D					
Post Doctorial/ D.Sc./D.Litt.					
Any other					
*Please provide the scanned copies of certificates					

3. Teaching Experience: Total: ____2 yrs UG: _2_yrs PG: ____yrs

4. Academic Promotions:

Designation	Month and Year of Promotion
Associate Professor	
Professor	
* Please provide order copies	

5. Resource persons:

Guest Lectures/ Extension Lectures	No. of Lectures	Name of Program	Organization / Institution	Date and Year
* Please provide the certificates or letter of invitation				

6. Carrier Development Programs: Orientation Course/ Refresher courses/Short Term Course/Faculty Development Programme

Course attended	Institution /University	Title of the Professional Development Programme	Duration	
			From	To
* Please provide the certificates				

7. Research Details:

Research Experience (No. of years):			
Area of research :			
Supervisor for M.Phil/Ph.D (Guideship Letter)			
No of students working/Registered	Ph.D: F: M:		
No. of students with fellowship (JRF)	M:	F:	Total:
No. of students with fellowship (SRF)	M:	F:	Total:
No. of students with fellowship (Project fellow)	M:	F:	Total:
No. of students with any other fellowship	M:	F:	Total:
No of students working for M.Phil.	M:	F:	Total:
No of students working as Post.docs.	M:	F:	Total:
No of students working as RA	M:	F:	Total:
No. of M.Phil/Ph.D. Produced	Ph.D: M: F: Total:		M.Phil: M: F: Total:
Name of Students awarded. M.Phil/Ph.D	Title of Thesis	Month and Year of Registration	Month and Year of Award
1.			
2.			

* Please provide the list of students registered, along with their category and fellowship details

National:

8.1 List of publications(## If possible use MS-Excel file which is attached as separate file)

[illegible]

9. List of Publication in Conference proceedings:

SNo	Title of Paper	Name of Conference	Name of the Publisher	Month and Year of Publication	ISBN No.	State/National /International	Affiliated institute at the time of publication
1							
2							

* please provide the PDF or scanned copy of the articles along with ISBN no. and DOI

10. List of Books Published:

S.No	Title of Book/Chapter	Edited/ Authored	Name of the Publisher	Month and Year of Publication	ISBN No.	State/National /International	Affiliated institute at the time of publication
1							
2							

* please provide the PDF or scanned copy of the first page along with ISBN no.

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

S.No.	Name of the Journal	Status on the editorial Board	ISSN Number	Periodicity of Publication	Month and Year of Inception of Journal	Impact factor

* Please provide the certificates or e-Copy of letter from editor or editorial board

12. No. of Papers Presented in Conference/workshop/seminars: (Oral/Poster)

SNo	Title of the paper	Name of Conference/ workshop/ Seminars	Oral/Pos ter	Organized by	Date and year	State/National /International	Oral/ Poster
1							
2							

* Please provide the certificates

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

SNo	Name of the Seminar	International/ National/State/University/College level	Date	No. of papers presented	No. of Participants		Source of funding/ Sponsoring Agency
					Nizam College	Other Institutions	

* Please provide the proof of organization and sanction letter for funding

14. Conferences/ workshop/ seminars/Training Program etc attended/participated.

S.No	Name of the Seminar attended	National/ International	Duration		Organized by	Funded/Not Funded	Funding agency	Amount
			From	To				
1	R-SOFTWARE AND DATA SCIENCES	NATIONAL	20-01-2017	21-01-2017	OU			
2								
3								
* Please provide the certificates and sanction letter for funding								

15. Patents:

Total No. of Patents: _____ No. of Patents applied: _____ No. of Patents approved: _____

S.No	Month and Year	National/ International/ Commercialized	Country	Patent Information	Patent Filed/ Published /Granted	Patent Application no./Grant No.
1						
2.						
* Please provide the copy of patent publication and Patent grant orders						

16. Research Projects:

Total No. Projects:

Major: -

Minor:

Title/Name of Project	Major /Minor	Funding Agency	Amount Granted (in Rs. Lakhs)	Amount Received (in Rs. Lakhs)	Duration	Date and Year	Status – Completed /Ongoing/ Sanctioned/ Submitted
* Please provide the scanned copy of sanction letter/ grant received orders/project closure orders							

17. Consultancy Projects:

Name of the Consultant	Name of the Consultancy Project	Consulting/Sponsoring Agency with Contact Details	Month and Year	Funds earned/ Revenue generated during last five years (in Rs.)*
------------------------	---------------------------------	---	----------------	--

* Audited statement of accounts indicating the revenue generated through consultancy				

18. Collaboration activities for research:

Title of the collaborative activity	Name of the Collaborating agency with contact details	Source of financial support	Month and Year of collaboration	Duration	Nature of activity
* Audited statement of accounts indicating the revenue generated through consultancy					

19. Students Projects:

Total No.of Student Projects Guided:

S.No	Name of the student	Course	Title of the Project	Duration of the Project	Month & Year of the Award
* please provide copy of certificate page or certificate from Head/Principal					

20. Faculty visit abroad on academic purpose:

Institution Visited & Period of Visit	Country	Sponsoring of agency	Activity undertaken	Month and Year of Visit
* please provide invitations/sanction letters/grant received letter				

21. Awards / distinction received if any

Name of the award Received	International/ National/ State/University/District/College level	Nature of Award	Month & Year of the Award
* please provide copy of certificate			

22. International fellowship for advanced studies/research received if any

Name of the award	Month and Year of Award	Awarding agency
* please provide copy of certificate		

23. Faculty Distinction/Nominations to University/State/National/International bodies.

Membership / Distinction	Organization	University/State/	Month and
--------------------------	--------------	-------------------	-----------

earned		National/International Level	Year
*please provide copy of offer letters/appointment orders			

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

Name of Program	Nature of Collaboration	Collaborating organization and Country	Objectives of MOU	Month and Year
* please provide copy of MoU letter				

25. Innovation adopted in Teaching (If any, provide details.):

26. Participation in Curriculum design/BOS etc. (copy of minutes of meeting)

27. List of ICT modules prepared (Please provide soft copies of modules, url link/videos):

28. Social outreach programs conducted (If any, proof as photographs, videos, certificate of appreciation, etc):

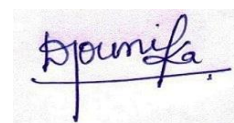
29. Life Members of any bodies (provide membership details):

30. Extension activities and institutional social responsibility (If any, provide proof)

31. Contribution to environmental awareness and protection (If any, provide proof)

32. Please provide the details if any MoUs/Linkages (If any, provide MoU letter):

33. Any another relevant information:



SIGNATURE