

Faculty Information



Brief Profile of Faculty in Less than 500 words

_I AM PRASHANTHI P working as a part time lecturer in nizam college from 2016-2018.am completed my M.SC from osmania university. I have software exposure and currently handling MS-EXCEL and SPSS PRACTICALS b.Sc I,II &III year students. I have good knowledge in languages like C,C++,operating systems like windows XP and packages like MS office,SPSS and TORA.

Faculty Information**Detailed CV**

Photo

1. Personal Details

Name of the faculty	PRASHANTHI P
Gender	FEMALE
Department	STATISTICS
PAN	DIPPP7159K
Designation	PART TIME LECTURER
Qualification	M.SC
Date of Joining (Submit Appointment Letter)	AUGUST 2016
Date of Birth	06/06/1986
Category	OBC
Mobile Number	9581877400
E-Mail Id	parvathamprashanthi@gmail.com
Address	IDPL,BALANAGAR

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)	M.SC	MAY 2010	SECOND	56	OSMANIA UNIVERSITY
CSIR/UGC-NET /SELT/Any other	NO				
Any other	NO				
Research details	Title of Thesis			Month and Year of award	Univ/Board/ Institution with State
M.Phil	NO				
Ph.D	NO				
Post Doctorial/ D.Sc./D.Litt.	NO				
Any other	NO				
*Please provide the scanned copies of certificates					

3. Teaching Experience: Total: 8____ yrs UG: __8_yrs PG: ____yrs

4. Academic Promotions: NO

Designation	Month and Year of Promotion
Associate Professor	NO
Professor	NO
* Please provide order copies	

5. Resource persons: NO

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

7. Research Details: NO

Research Experience (No. of years):	NO		
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: NO

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	NO						
2							

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

10. List of Books Published: N0

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	NO						
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
	NO					

* 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) NO

SNo	Title of the paper	Name of Conference/ workshop/ Seminars	Oral/Pos ter	Organized by	Date and year	State/National /International	Oral/ Poster
1	NO						
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	
	NO						

* 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	2DAYS WORKSHOP		20 JAN 2017	21 JAN 2017	SATISTICS DEPARTMENT			500
2								
3								
* Please provide the certificates and sanction letter for funding								

15. Patents: NO

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 Applicaton no./Grant No.
1						
2.						
* Please provide the copy of patent publication and Patent grant orders						

16. Research Projects: NO

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: NO

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: NO

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 NO

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 : NO

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. :NO

Membership / Distinction earned	Organization	University/State/ National/International Level	Month and Year

*please provide copy of offer letters/appointment orders			

24. Collaborative programs if any other University / Organization/ Industries NO

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