## OFFICE OF THE REGISTRAR BENGAL ENGINEERING AND SCIENCE UNIVERSITY, SHIBPUR

P.O. Botanic Garden Howrah – 711103 West Bengal India



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Fax: (091)-(033)-2668-2916 e-mail: regis@becs.ac.in

Ref. No. : RMS -1/764

Date: 7 December 2012

To

The Head of Department / Director of School

Department / School of ......

Bengal Engineering and Science University, Shibpur

Howrah - 711 103

**Sub:** Request for sending updated CV of all designated full Professors (in regular service or under extension) working in the Department

Madam / Sir,

As per direction of the Vice Chancellor I am forwarding herewith the hard copy of the prescribed format of CV as prepared by West Bengal State Council of Higher Education (copy enclosed). Soft copy of the said format is being sent to all the Professors in their respective e – mail IDs. The format may also be available in the University website (www.becs.ac.in).

You are therefore requested to intimate all the designated full Professors (in regular service or under extension) of your Department / School and also request them to submit duly filled up format to the following e – mail IDs: <a href="mailto:regis@becs.ac.in">regis@becs.ac.in</a> and <a href="mailto:do999@rediffmail.com">do999@rediffmail.com</a> as early as possible by 31<sup>st</sup> December 2012.

The hard copy of the same is also to be submitted to the office of the undersigned for necessary compilation.

Thanking you,

Yours faithfully,

Sd/-

(B. Bandyopadhyay)

Registrar

## Encl:

- 1) A letter of Vice Chairman, West Bengal State Council of Higher Education vide reference no. CV/VC/388/SCHE/2012 dated November 6, 2012
- 2) Format of CV

Copy forwarded for information and necessary action to:

- 1) All Professors...... (in regular service or under extension) through e mail
- 2) Deputy Registrar, BESUS
- 3) Dr. Biman Das, Development Officer, BESUS
- 4) Record Section
- 5) Executive Secretary to the Vice Chancellor, BESUS
- 6) University website

(B. Bandyopadhyay) Registrar, BESUS

## **Format of CV**

1. Name of the Professor in full:

(BLOCK Letters)

Others)
UGC NET –
JRF/GATE/Other

| 2.                    | Department / School: |                                      |  |          |                       |                                       |                                  |
|-----------------------|----------------------|--------------------------------------|--|----------|-----------------------|---------------------------------------|----------------------------------|
| 3.                    | University           |                                      |  |          |                       |                                       |                                  |
| 4.                    | Contac<br>(i)        | ct details Address for Communication |  |          |                       |                                       |                                  |
|                       | (ii)                 | Email                                |  |          |                       |                                       |                                  |
|                       | (iii)                | Phone (Mobile)                       | 1  | Resident | ial / Office          |                                       |                                  |
| 5.                    | Date o               | of Birth (DD/MM/                     | YYYY)  |          |                       |                                       |                                  |
| 6.                    | Sex (P               | Please tick) Male/F                  | Female   |          |                       |                                       |                                  |
| 7.                    | Acade                | mic Records                          |  |          |                       |                                       |                                  |
| Exam                  | ination              | / Degree                             | Board/ Council/<br>University/ Other<br>Examining Body |          | Year of<br>Completion | Division/<br>Class with %<br>of Marks | Major<br>Subjects/<br>Discipline |
| Unde<br>Name<br>Degre | e of                 | luation (UG)                         | , , , , , , , , , , , , , , , , , , ,                  |          |                       |                                       |                                  |
| Maste                 |                      | l (PG) Name of                       |  |          |                       |                                       |                                  |
| M. Pł                 | nil                  |                                      |  |          |                       |                                       |                                  |
| Ph. D<br>(Sc./F       |                      | arts/ Com/                           |  |          |                       |                                       |                                  |

| 8.   | Gi   | ve the details of experience in industry and or in teaching/research. |  |  |
|--|------|---|--|--|
| 9. Publications (please list in an additional sheet) |      |   |  |  |
| a) Journal Publication:                              |      |   |  |  |
|  |      | Number of papers in Refereed Journal:                                 |  |  |
|  | b)   | Conference publication:   |  |  |
|  | c)   | Books / Monographs / reference Books / Text Books                     |  |  |
|  | d)   | Chapters contributed in Edited Volumes published by                   |  |  |
|  |      | International publishers:   |  |  |
|  |      | National level publishers:  |  |  |
|  | e)   | Editing of volumes published  |  |  |
|  | f)   | Translation Work  |  |  |
| 10   | . Re | search Activity   |  |  |
|  | a)   | Honours and Awards received with name of a awarding agency and year   |  |  |
|  |      |   |  |  |

| b) | Post Doctoral | l Fel | lowship | availed | of | : |
|----|---------------|-------|---------|---------|----|---|
|----|---------------|-------|---------|---------|----|---|

| Name of the | Funding Agency / | Host Institution | Period |
|-------------|------------------|------------------|--------|
| Fellowship  | Institute        |                  |        |
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|             |                  |                  |        |

c) Research projects and consultancy carried out/ ongoing funded by government funding agencies / industries or organization of National and International repute

1. Research Projects

| Title of the Project | Funding Agency/ | Year of duration | Completed / |  |
|----------------------|-----------------|------------------|-------------|--|
|                      | Institute with  |                  | ongoing     |  |
|                      | amount approved |                  |             |  |
|                      |                 |                  |             |  |
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2. Consultancy

Use additional sheet if necessary.

- d) M. Tech / M. Phil / PhD Research Supervised an awarded
- e) Number of Papers presented in conferences / seminars etc. (by self or co authors)
- f) Number of Invited lectures (including Refresher Courses, Training Courses, Orientation Programme)

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| Academic Body | Institution | Position/ Nature of | Period / years |
|---------------|-------------|---------------------|----------------|
|               |             | assignment          |                |
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|         | ite of joining as Lecture iversity. | r, Assistant Professor (A | ssociate Professor) an | d Professor in this |
|---------|-------------------------------------|---------------------------|------------------------|---------------------|
| 13. Pro | esent pay                           |                           |                        |                     |
| 14. Ar  | ny other relevant inform            | ation                     |                        |                     |
|         |                                     |                           |                        |                     |
|         |                                     |                           |                        |                     |
|         |                                     |                           |                        |                     |
| Date :  |                                     |                           | Signature wi           | th Name             |
| Place   | :                                   |                           |                        |                     |
|         |                                     |                           |                        |                     |