



CURRICULUM VITAE

PERSONAL DETAILS

1. Name : Mr. Paresh Balasaheb Mattikalli
2. Permanent Address : 8/427, Near Shraddha Aacademy, Gandhi Chowk,
Ichalkaranji.
Dist:- Kolhapur
3. Designation : Assit. Professor
4. Qualification : M.Sc. Electronics
5. Mobile Number : 9766559557
6. e-mail : pareshmattikalli007@gmail.com
7. Vidwan Id : 352814
8. Date of Birth : 23rd July 1990
9. Gender : Male

EDUCATIONAL QUALIFICATION:

Degree /Qualification	School/ College/Institute	Board/ University	Passing Year	Class & Percentage	Specialization
Ph.D.					
M. Phil.					
SET					
NET					
M.Sc.	Shivaji University, Kolhapur	University	2012	1 st class 63.56%	Electronics

B.Sc	Shivaji University, Kolhapur	University	2010	1 st class 78.24%	Electronics
HSC	Pune Board	Board	2007	2 nd Class 41%	Science
SSC	Pune Board	Board	2005	2 nd Class 69.73%	---
Other					

10. Ph.D. thesis title :

Guide's Name :

11. Research Specializations :

12. Awards /Achievements :

13. Date of recognition as PG teacher (if applicable) :

14. Date of recognition as Research Guide (if applicable):

15. Number of students completed M.Phil. /Ph.D. degree under your supervision

16. Number of Research Students currently working under your supervision :

17. Teaching Experience:

UG level: 10 years 9months

PG level:.....years.....months

Sr. No.	Designation / Post held	Name of the College / Institute	Nature of appointment	Period		Experience in Years
				From	to	
1.	Assit. Professor	D. K. A. S. C. College	Temporary	2012	Up to date	10
2.						
3.						
4.						
Total						10

2.								
----	--	--	--	--	--	--	--	--

21. Details of Workshop/ Seminar/ Conference/ Symposia Attended/ Participated/

Presented:

National:

International:

Sr. No.	Name of conf., workshop, seminar, symposia	Date	Level	Role (Attended, presented, participated)

22. Lectures Delivered at Workshop/ Seminar/ Conference/ Symposia and other as

Resource Person :

Sr. No.	Name of conf., workshop, seminar, symposia	Date	Level	Role (Attended, presented, participated)

23. Projects ongoing/completed

Sr. No.	Name of the research project/ endowment	Name of the Principal Investigator/Co-investigator	Department of Principal Investigator	Year of Award	Amount Sanctioned	Duration of the project	Name of the Funding Agency
1.							
2.							

24. Details of teachers undergoing Faculty Development Programmes, Professional Development Programmes, Orientation / Induction Programmes, Refresher Course, Short Term Course / Certificate Course (MSCIT, TALLEY, JAVA, MOOCS) etc.)

Sr. No.	Title of the program	Duration (from – to) (DD-MM-YYYY)
1		
2		
3		

25. Membership of Institutional /Professional bodies:

26. DECLARATION:

I hereby declare that all information in this document is true, complete and correct to the best of my knowledge and belief.

Place: Ichalkaranji

Signature



Date: 25/03/2023

(Name- Mr. P. B. Mattikalli)