



CURRICULUM VITAE

PERSONAL DETAILS

1. Name : Gavandi Sarita Subhash
2. Permanent Address : Marathi school near. Takwade
3. Designation : Assistant professor
4. Qualification : MA . Economic
5. Mobile Number : 8308032260
6. e-mail : saritagavandi25@gamil.com
7. Vidwan Id :
8. Date of Birth : 1/1/1996
9. Gender : Female

EDUCATIONAL QUALIFICATION:

Degree /Qualification	School/ College/Institute	Board/ University	Passing Year	Class & Percentage	Specializat ion
Ph.D.					
M. Phil.					
SET					

NET					
M.A.	Shrimate Akkatai Ramgonda patil Kanya Mahavidyalaya Inchalkarnji	Shivaji University Kolhapur	Marach 2019	58.60	Economic
B.A.	Shrimati Akkatai Ramgonda patil Kanya Mahavidyalaya Inchalkarnji	shivaji University Kolhapur	March 2017	69%	Economic
HSC	Shimanti Akkatai Ramagonda Patil, Ichalakarji	State Board of Maharashtra	Feb 2014	65.85%	
SSC	The English School ,Chadur	State Board of Maharashtra	March 2012	60.00%	
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:.....years.....months

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

Sr. No.	Designation / Post held	Name of the College / Institute	Nature of appointment	Period		Experience in Years
				From	to	
1.						

1.								
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:

(Name-)