

Information Sheet (Required for NAAC and College Website)

Name: DR. MD HYDER ALI



Present Address:

*VILL- HARHARIA
P.O- ISLAMPUR
PS- ISLAMPUR
DIST.- MURSHIDABAD
STATE- WEST BENGAL
PIN- 742304*

Permanent Address:

*VILL- HARHARIA
P.O- ISLAMPUR
PS- ISLAMPUR
DIST.- MURSHIDABAD
STATE- WEST BENGAL
PIN- 742304*

Contact Number: 8926458141

Email ID: drmdhyder@gmail.com

1. ACADEMIC QUALIFICATION:

Examination	Year of passing	Board/ Council
M.A. /M.Sc/M.Com.	2001	T.M.B.U
B.Ed.		
B.A./BSc/B.Com.	1997	T.M.B.U
Higher Secondary	1993	W.B.C.H.S.E
Secondary	1990	W.B.B.S.E

2. OTHERS EDUCATIONAL QUALIFICATION:

Name of the Exam.	Year of Qualification
UGC-NET/NTA- NET/CSIR-NET etc. (Strike out whichever is not applicable)	
SET/SLET (Strike out whichever is not applicable)	

3. Ph.D. /M.Phil. Etc:

Degree	Institution	Year	Title of Thesis
Ph.D	T.M.B.U	2007	Synodics KS-Variables and their applications in the restricted problem of three bodies in three dimensional co-ordinate system.

4. AWARDS:

Sl. No.	Year of the Award	Name of the Award	Name of the Organization

5. DETAILS OF TEACHING/ACADEMIC EXPERIENCE (If any):

Designation	Employer	Date of Joining	Date of Resign
PTT	PRINCIPAL	01/01/2005	
SACT-1	PRINCIPAL	01/01/2020	

6. ARTICLES/CHAPTERS PUBLISHED IN BOOKS(If any):

Sl. No.	Title with Page No. (s)	Title of the Book	Publisher	ISBN No.	Year of Publication
1					
2					
3					

7. PUBLISHED PAPERS IN JOURNALS(If any):

Sl.	Title	Name of the	Vol.,	ISSN	Whether	Year of
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No.	Journal	Issue, Page (s) No.	Peer Reviewed	Care Listed	Publication
01					

8. RESEARCH PAPERS PRESENTED IN SEMINARS/WEBINARS(If any):

Sl.	Title of the Paper	Title of the conference/seminar/ webinar	Organizing body	Whether International/ National/ State Level	Date
01					

9. BOOK PUBLISHED AS AN EDITOR(If any):

Sl. No.	Title with page No. (s)	ISBN No.	Name of the Publisher	Year of Publication
1.				
2.				

10. OP/FDP/RC/WORKSHOPS ATTENDED(If any):

Sl. No.	Title of OP/FDP/RC/ workshop	Duration (From date-To date)	Academic Session	Institution
1				
2				
3				

11. OTHERS CERTIFICATE COURSE ATTENDED(If any):

Sl. No.	Title of the Course	Duration (From date-To date)	Institution

01			
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12. MEMBERSHIP / ASSOCIATION WITH THE ACADEMIC BODIES/ ORGANIZATION(If any):

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-
-

13. ADMINISTRATIVE EXPERIENCE(If any):

-

14. AREAS OF ACADEMIC INTEREST(If any):

-
-

15. SKILL AND EXTRA CURRICULAR ACTIVITY(If any):

-
-

16. PERSONAL INFORMATIONS:

Father's Name: ABDUL MAJID

Mother's Name: CHAHATAN BIBI

Sex: MALE

Category: OBC-A

Religion: ISLAM

Nationality: INDIAN

Languages known: BENGALI AND ENGLISH

Insert your Signature (For College ID Purpose)

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For HOD only

Write about your Department for uploading in the College Website.