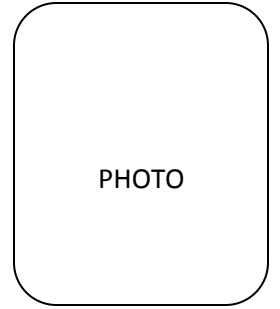


KATRAGADDA INNOVATIVE TRUST FOR EDUCATION

Shabad, Ranga Reddy Dist., 509 217 Phone No. 08417 -203103/04/203105

BIO – DATA

Name :
Designation :
Department :
Date of Birth :
Address :
Proposed Date of Joining :



Abstract of Experience : No. of Years of Teaching:
No. of Years of Research / Industry :
Highest Position Held:

Papers Published : Int. Jnls. : Int. Conferences:
Nat. Jnls. : Nat. Conferences:
Others : Local (Engg. College Meets)

Educational Qualifications :

Academic Details :						
S.No.	Name of Exam / Diploma / Degree	Name of School/ College and Place	Name of the Board / University	Year of Passing Degree / Diploma	Class or Division with % of Marks	Subjects Specializations
1						
2						
3						
4						
5						
6						
7						
8						

Professional Experience :

Teaching (Starting with Last Year)

S.No.	Course Name PG/UG	Name of the Subject	Theory / Lab	Number of Students Pass (Pass / Total)	% Pass	Name of the Institute & University
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Note : T: Theory ; L: Lab

Signature

*Please send to info@kitecolleges.com, along with photocopies of certificates.