Facul	tv In	form	ation
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Photo

Dr. E. Purushotham, Assistant Professor, Department of Economics, Nizam College, O.U has been accorded recognition as supervisor to guide Ph.D. Research scholars in Economics, Osmania University, based on the recommendations of the Departmental Research Committee of the Department of Economics, Osmaniya University.

Faculty Information
<b>Detailed CV</b>

Photo	

## 1. Personal Details

Name of the faculty	Dr. E. Purushotham
Gender	Male
Department	Economics
PAN	
Designation	Assistant Professor
Qualification	
Date of Joining	
(Submit Appointment Letter)	
Date of Birth	
Category	
Mobile Number	
E-Mail Id	
Address	

## 2. Academic details:

Degree	Qualification	Month and Year of Passing	Division	% of Marks	Univ/Board/ Institution with State
PG (M.A./M.Com/					
M.Sc/M.Tech/					
MBA/ MCA/Any					
other)					
CSIR/UGC-NET					
/SELT/Any other					
Any other					
Research details		Title of Thesis	Month and Year of award	Univ/Board/ Institution with State	
M.Phil					
Ph.D					
Post Doctorial/					
Post Doctorial/ D.Sc./D.Litt.					

3.	Teaching Experience:	Total:	yrs	UG:	yrs	PG:	yrs
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#### 4. Academic Promotions:

Designation	Month and Year of Promotion
Associate Professor	
Professor	
* Please provide order copies	

## 5. Resource persons:

Guest Lectures/ Extension Lectures	No. of Lectures	Name of Program	Organization / Institution	Date and Year				
* Please provide the certificates or letter of invitation								

# 6. Carrier Development Programs: Orientation Course/ Refresher courses/Short Term Course/Faculty Development Programme

Course attended	Institution /University	Title of the Professional Development	Duration					
	Institution / Oniversity	Programme	From	То				
* Please provide the certificates								

#### 7. Research Details:

Research Experience (No. of years):	
Area of research:	
Supervisor for M.Phil/Ph.D	
(Guideship Letter)	
No of students working/Registered	Ph.D:
	F: M:
No. of students with fellowship (JRF)	M: F: Total:
No. of students with fellowship (SRF)	M: F: Total:
No. of students with fellowship (Project fellow)	M: F: Total:
No. of students with any other fellowship	M: F: Total:
No of students working for M.Phil.	M: F: Total:
No of students working as Post.docs.	M: F: Total:
No of students working as RA	M: F: Total:
No. of M.Phil/Ph.D. Produced	Ph.D: M.Phil:
	M: F: Total: M: F: Total:
Name of Students awarded. M.Phil/Ph.D	Title of Thesis Month and Month and Year
	Year of of Award
	Registration
1.	
2.	
* Please provide the list of students registered, along v	with their category and fellowship details

8. Total No. of Research Publications: International: National:

8.1 List of publications (## If possible use MS-Excel file which is attached as separate file)

SNo	Title of Paper	Name of the Author s	Name of the Journal	Volume and Page No	Month and Year of Publicati on	Peer reviewed/ Non Peer reviewed	Impact factor	National/ International	ISSN No.	UGC Journal No	Citation index (SCI.,/S COPUS /Web of Science/ ICI	No. of citation excludi ng self citation	h- index	Instit ution al affili ation as ment ioned in publi catio n
1		-												
2														
		-												_
* ple	ase provi	ide the PD	OF or scan	ned copy o	of the article	es along with ISS	N no. and	DOI						

## 9. List of Publication in Conference proceedings:

SNo	Title of Paper	Name of Conference	Name of the Publisher	Month and Year of Publication	ISBN No.	State/National /International	Affiliated institute at the time of publication
1							
2							
* please pr	rovide the P	DF or scanned co	opy of the articles	s along with IS	BN no. a	nd DOI	

#### 10. List of Books Published:

S.No	Title of Book/Chapter	Edited/ Authored	Name of the Publisher	Month and Year of Publication	ISBN No.	State/National /International	Affiliated institute at the time of publication		
1									
2									
* please p	* please provide the PDF or scanned copy of the first page along with ISBN no.								

## 11. Member on editorial board or referee for national/international

S.No.	Name of the Journal	Status on the editorial Board	ISSN Number	Periodicity of Publication	Month and Year of Inception of Journal	Impact factor
* Please provio	le the certificate	s or e-Copy of l	etter from editor	r or editorial boar	<mark>d</mark>	

## 12. No. of Papers Presented in Conference/workshop/seminars: (Oral/Poster)

SNo	Title of the paper	Name of Conference/ workshop/ Seminars	Oral/Pos ter	Organized by	Date and year	State/National /International	Oral/ Poster
1							
2							
	* Please prov	ide the certificates					

## 13. Conferences/ workshop/ seminars/Training Program etc organized.

SNo	Name of the Seminar	International/ National/State/Universi ty/College level	Date	No. of papers presented	_	No. of ticipants Other Institutions	Source of funding/ Sponsorin g Agency
* Pleas	e provide the proof of	of organization and sanction	letter for f	unding	•		

#### 14. Conferences/ workshop/ seminars/Training Program etc attended/participated.

S.No	Name of the Seminar	National/	Dura	tion	Organized by	Funded/Not Funded	Funding agency	Amount	
5.110	attended	International	From	То					
1									
2									
3									
* Please p	* Please provide the certificates and sanction letter for funding								

#### 15. Patents:

				•		
S.No	Month and Year	National/ International/ Commercialized	Country	Patent Information	Patent Filed/ Published /Granted	Patent Applicaton no./Grant No.

Total No. of Patents: \_\_\_\_\_ No. of Patents applied: \_\_\_\_\_ No. of Patents approved: \_\_\_\_\_

1 2.

#### 16. Research Projects:

Total No. Projects: Major: - Minor:

Title/Name of Project	Major /Minor	Funding Agency	Amount Granted (in Rs. Lakhs)	Amount Received (in Rs. Lakhs)	Duration	Date and Year	Status – Completed /Ongoing/ Sanctioned/ Submitted
* Diagon mari de the c		Comption	letter/ court				

<sup>\*</sup> Please provide the scanned copy of sanction letter/ grant received orders/project closure orders

#### 17. Consultancy Projects:

Name of the Consultant	Name of the Consultancy Project	Consulting/Sponsoring Agency with Contact Details	Month and Year	Funds earned/ Revenue generated during last five years (in Rs.)*				
* Audited statement of account	* Audited statement of accounts indicating the revenue generated through consultancy							

<sup>\*</sup> Please provide the copy of patent publication and Patent grant orders

#### 18. Collaboration activities for research:

Title of the collaborative activity	Name of the Collaborating agency with contact details	Source of financial support	Month and Year of collaboration	Duration	Nature of activity			
* Audited statement of ac	* Audited statement of accounts indicating the revenue generated through consultancy							

## 19. Students Projects:

Total No. of Student Projects Guided:

S.No	Name of the student	Course	Title of the Project	Duration of the Project	Month & Year of the Award
* please p	provide copy of certificate	e page or certificate fro	m Head/Principal		

#### 20. Faculty visit abroad on academic purpose:

Institution Visited & Period of Visit	Country	Sponsoring of agency	Activity undertaken	Month and Year of Visit
* please provide invitation				

## 21. Awards / distinction received if any

Name of the award Received	International/ National/ State/University/District/College level	Nature of Award	Month & Year of the Award
* please provide copy of certific			

## 22. International fellowship for advanced studies/research received if any

Name of the award	Month and Year of Award	Awarding agency	
* please provide copy of certificate			

## 23. Faculty Distinction/Nominations to University/State/National/International bodies.

Membership / Distinction earned	Organization	University/State/ National/International Level	Month and Year
*please provide copy of offer lette			

#### 24. Collaborative programs if any other University / Organization/ Industries

Name of Program	Nature of Collaboration	Collaborating organization and Country	Objectives of MOU	Month and Year
* please provide copy of MoU letter				

- 25. Innovation adopted in Teaching (If any, provide details.):
- **26.** Participation in Curriculum design/BOS etc. (copy of minutes of meeting)
- **27.** List of ICT modules prepared (Please provide soft copies of modules, url link/videos):
- **28.** Social outreach programs conducted (If any, proof as photographs, videos, certificate of appreciation, etc):
- **29.** Life Members of any bodies (provide membership details):
- **30.** Extension activities and institutional social responsibility (If any, provide proof)
- **31.** Contribution to environmental awareness and protection (If any, provide proof)
- **32.** Please provide the details if any MoUs/Linkages (If any, provide MoU letter):
- **33.** Any another relevant information:

**SIGNATURE**