### **INDIVIDUAL PROFILE**

1. Name : Krishna Kamal Saikia

Father's Name : Sonaram Saikia
 Mother's Name : Lakheswari Saikia

4. Permanent Address: Vill: Amguri, P.O.: Boralengi Satra, Lakhimpur

5. Address for Communication: Bihpuria College, Bihpuria

6. Contact No : 9859020183

7. Email-id : kksaikia1965@gmail.com

8. Category : General

9. Date of Birth : 01-01-1965

10. Date of Joining : 6<sup>th</sup> September 1990
11. Designation : Associate Professor

12. Department : Commerce

### 13. Educational Qualification:

Examination	Board/ University	Division	Date of Passing
HSLC or Equivalent	Board (SEBA)	II	1981
HS or Equivalent	Dibrugarh University	II	1983
B.A./B.SC./B.COM.	Dibrugarh University	II	1986
M.A./M.SC./M.COM.	Dibrugarh University	II	1989

### 14. Research Papers presented (Year wise) :

Sl.	Title of the Paper	Name of the	Date of	UGC/	Regional/
No.		Seminar/	Presentation	ICSSR/	National/
		Conference		Others	International
1		Medicinal Flora	24 <sup>th</sup> & 25 <sup>th</sup>	UGC	National
		In NE India, its	Sept, 2008		
		Abundance,			
		utility and			
		scope for			
		economic			
		development			
2	Global Warming	Menace of	23 <sup>rd</sup> & 24 <sup>th</sup>	USG	National
	consequences and	population	Sept. 2009		
	central measures	pressure and its			
		impact on			
		environment			
2	D D 1.4 . 0	and economy.	5 <sup>th</sup> Nov. 2009	UGC	NI-43 1
3	Properly Rights &	Protection of	3" NOV. 2009	UGC	National
	grader discrimination	Women, Human Rights			
	discrimination	& duties.			
4	Terrorism Vs	Human Rights	18 <sup>th &amp;</sup> 19 <sup>th</sup>	UGC	
7	Human Rights	in Indian	Sept. 2010	000	National
	Traman Kights	Political and	Бері. 2010		Tutional
		Social Scenario			
5	Method of	Teaching	05 May 2015	UGC	National
	teaching	Learning &	,		
	Geography at	innovations in			
	secondary level	Education			

15. Paper published (Year wise): NIL

Sl. No.	Title of the Paper	Department	Name of Journal/ Proceeding	Date of Publication	Regional/ National/ International	ISSN/ISBN	UGC listed or not

16. Books/ Chapters (Year wise): NIL

Sl. No	Title of the Book	Title of the Chapter	Month and Year of Publication	ISBN/ISSN	Affiliating Institution at the time of Publication	Name of the Publisher

### 17. OC/RC/FDP/Short Term Courses attended (Year wise):

Sl. No.	Name of the Course	Duration	Name of the
		(From-To)	Institution
1	Refresher course in	Dec. 15, 1998 to Jan	Manipur University
	Mathamatics	09-1999	
2	Orientation Course	July 15 to August 09	Jawaharlal Nehru
		2002	University
3	R.C	10 <sup>th</sup> Feb to 2 <sup>nd</sup> March	Dibrugarh
		2005.	University.
4	R.C	18 <sup>th</sup> Nov. to 08 Dec	
		2007	Aligarh Muslim
5	One day orientation	9 th March 2009	University.
	Programme for co		North Lakhimpur
	ordinations and		College
	counsellors of partner		
	Institutes of IGNOU		
	Affiliated to		
	Dibrugrah University	and and a	
6	Orientation Course of	19 <sup>th</sup> to 25 <sup>th</sup> March	Indian Institute of
	NSS	2014	Enterpreneurship,
	G1	D 00 04 0015	Guwahati
7	Short term	Dec. 02 to 04 2017	LTK College, Azad,
	Programme on		North Lakhimpur, In
	Developing Teaching		Collaboration with
	Competencies of		Teaching Learning
	Teachers in Higher		Centre, Tezpur
	Education	27th 21st 1 2020	University
8	Short term course,	27 <sup>th</sup> to 31 <sup>st</sup> Jan. 2020	Bihpuria College
	FDP		

## 18. Workshop attended (Year wise)

Sl. No.	Name of the Workshop	Duration (From-To)	UGC/ ICSSR/	Name of the Institution	Regional/ National/
			Others		International

# 19. Research Project Done (Year wise): NIL

Name of the Projec t	Principal/Co -Investigator	Departmen t	Date of Awar d	Amount Sanctione d	Duratio n	Fundin g Agency	Govt. / Non Govt.

## 20. Teachers participation (Year wise):

Sl. No.	Academic Council/ BoS of affiliating University	Setting of Question Paper UG/PG	Design and Development of Curriculum	Assessment/ Evaluation of Affiliating University

- 21. Financial support received to attend conference, workshop, etc. (if any): NIL
- 22. Honors and Awards (If any): NIL
- 23. Membership of Professional bodies (Year wise):

Sl.	Name of the Body	Regional/ State/	Year of Enrollment
No.		National/	
		International	

Date:	Signature:
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