FACULTY PROFILE

						1		
1.	Name		:	SH	ILPA SHREE H.M		0	
2.	Data of Dirth		•	10-06-1988				
4.	Date of Birth		:	10-0	00-1700			
3.	Highest Qualifications		:	M. 7	ſech			
				Assistant professor in civil dept KIT				
4.	4.Academic Performance:							
	(High School to Highest Qualifications)							
Qualifications Board / IIT / University				Inst stud	itute and place where lied	Year of passing	Class & % marks	
SSL	С	Karnataka State Board			hunchanagiri English School Arsikere	2004	78.48 (FC)	
PUC / 10+2 P U Board Karnataka			Kodimutt PU College Arsikere		2006	60.66 (FC)		
UG	Degree	V.T.U		Adio	chunchanagiri Institute of Technology, Chikkamagaluru	2010	61.915 (FC)	
PG DegreeAutonomous institution affiliated to Visveswaray Technical University		iya	PES College of Engineering, Mandya.		2013	8.88 CGPA (FCD)		
Ph. D. Adichunchanagiri University, Bellur Cross			BGSIT Bellur cross		pursuing			
Othe	ers if any							
MBA	A/MCA							
PGI	Diploma							
CEP	of IISc.							
D/O								
CEP	Continuing	g Programmes, D/OEP I	Dist	ant / C	Online Education Program	emes		
5.	Date of J	Joining		:	01-02-2015			
6.	Status as	s on date of Joining		:	Assistant Professor			
7.	Salary a	Salary as on date of Joining		:	Rs.18000/-			
8.	Present Status			:	Assistant Professor			
9.	Salary as on date			:	Rs.36,628/-			
10.	Number of promotions since date of joining			:	0			
11.	Achiev	rements since date of	joiı	ning:				
	Faculty I	Development / QIP	:	5				
				-				
No. of Publication (List) :			1					
Teaching Award :			-			-		

Books / Monograph (List)			-		
Conference Seminars (List)		••	-		
Extra curricular activities*			-		
Publication	Name, title of the Paper, N/I Journal, pages, year, also list Prizes /			Prizes /	
Date	here the Books and Monographs			Awards	
	-				

Conference / Seminar / W/s	Name, title of the paper, Conference / Seminar, venue and date	Prizes / Awards
	-	

12. Experience / Service before Joining: 2 YEARS WORKED AS LECTURER IN DEPARTMENT OF CIVIL ENGINEERING SJCIT CHICKBALLAPUR .

13. Memberships of Professional Bodies: -

Sl. No.	Name & Address of Organization / Institution	Date & Year of Registration	Membership Number
1.	-	-	-
2.	-	-	-

SHILPA SHREE H M