

Faculty Name with Prefix (BLOCK LETTER)	BISWANATH SAHA
Designation (Assistant/ Associate/ SACT Professor)	SACT
Educational Qualification	M.Sc
Contact official email (Mobile no. optional)	biswanathele.saha6@gmail.com
Department Name	Physics
Field of Specialization/ Area of Interest	Electronics
Teaching experience (in years)	17
Attended Seminar/webinar/workshop/ paper presented	2 seminars and 10 webinar
Passport photograph (insert)	