

<b>Parameter</b>	<b>Data</b>
Faculty Name with Prefix (BLOCK LETTER)	Dr. KOYEL KOLEY
Designation (Assistant/ Associate/ SACT Professor)	SACT-1
Educational Qualification	M.A(Gold Medalist), Ph.D
Contact official email (Mobile no. optional)	koyelkoley81@gmail.com
Department Name	PHILOSOPHY
Field of Specialization/ Area of Interest	LOGIC
Teaching experience ( in years)	16+ YEARS
Industrial experience (in years give details)	
Papers/Books Published (Details as reference)	YES
Attended Seminar/webinar/workshop/ paper presented	YES
Project Works/ Thesis Guidance/	NO
Collaborative Programs/ Membership	YES
Other Notable Activities	
WEB address (if any)	

