Parameter	Data
Faculty Name with Prefix (BLOCK LETTER)	TANUSREE SAHA
Designation (Assistant/ Associate/ SACT Professor)	SACT PROFESSOR
Educational Qualification	M.Sc, B.Ed
Contact official email (Mobile no. optional)	tanu95@smc.edu.in
Department Name	MATHEMATICS
Field of Specialization/ Area of Interest	
Teaching experience (in years)	4yrs
Industrial experience (in years give details)	NIL
Papers/Books Published (Details as reference)	NIL
Attended Seminar/webinar/workshop/ paper presented	YES
Project Works/ Thesis Guidance/	NIL
Collaborative Programs/ Membership	NIL
Other Notable Activities	NIL
WEB address (if any)	NIL

Passport photograph (insert)	
Pls send .doc or .pdf file to iqac@smc.ac.in	