

## TEACHER DATA PROFORMA

1. Name (in block letters): DARROKIM
2. Department: ZOOLOGY
3. (a) Current Designation:- ASSOCIATE PROFESSOR
4. (b) Date of joining the Service:14/08/2000
5. Sex: FEMALE
6. Category to which belongs:-ST
7. Address for the correspondence: HMARVENG, CHURACHANDPUR, MANIPUR-795128
8. Contact Numbers: (M): 8131000403/9856958821
9. Email id: darrokim1234@gmail.com
10. Academic Qualification (Degree and above):-

Examination	Name of Board/ University	Year of passing	% of Marks obtained	Division/Clas s/Grade	Subjects I
BSC	MANIPUR UNIVERSITY	1989	45.80	II	ZOOLOGY
MSC	MANIPUR UNIVERSITY	1991	55	II	ZOOLOGY
MPHIL	PERIYAR UNIVERSITY	2010	73.5	I	ZOOLOGY

11. Research Degrees: Ph. D. /M. Phil (tick the appropriate one)

Name of the Degree	Title of the Thesis	Date of Award as per University	Name of the University
M. Phil	FISHES OF KHUGA RIVER, CHURACHANDPUR	28/01/2010	PERIYAR UNIVERSITY

12. Academic Staff college Orientation/Refresher course attended:

Name of the course	Name of the Academic Staff College/ Institution	Name of the University	Duration	Sponsoring agency if any
REFRESHER COURSE IN LIFE SCIENCE	ASC	MU	20 <sup>TH</sup> DEC 2004 – 13 <sup>TH</sup> JAN 2005	UGC



19. Award Received

Received awards from state level, national level, international level	Year	Name of the award, fellowship, received from Government or recognized bodies	Incentives given by the HEI in recognition of the award

20. Minor Research Project awarded

Title of the project	Year of Award	Amount Sanctioned	Duration of the Project	Name of the Funding Agency	Type (Government/non Government)

21. For any additional information please provide the details in additional sheets as data required for each item.

Date: 13/08/20

Place: CHURACHANDPUR

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Signature of the teacher