

## **FACULTY PROFILE**



**1. Name: VIPIN PATAIT**

**2. Designation: ASSISTANT PROFESSOR**

**3. Qualification: M TECH (IIT MADRAS)**

**4. Area of Specialization: BIOMEDICAL ENGINEERING(APPLIED MECHANICS)**

**5. Awards/Recognitions: \_\_\_\_\_**

**6. Number of projects: NA**

**i) Completed**

<b>Sl. No.</b>	<b>Title of the project</b>	<b>Funding Agency</b>	<b>Amount</b>	<b>Year (From-To)</b>

**ii) On-going**

<b>Sl. No.</b>	<b>Title of the project</b>	<b>Funding Agency</b>	<b>Amount</b>	<b>Date of Commencement</b>	<b>Expected date of completion</b>


7. Number of Ph.D candidates successfully completed: \_\_\_\_\_

8. Number of Ph.D candidates currently working: \_\_\_\_\_

9. Number of M.Phil candidates successfully completed: \_\_\_\_\_

10. Number of M.Phil candidates currently working: \_\_\_\_\_

11. **Publications:**

i) **Books**

Sl. No.	Author/s	Title	Publisher	Year of publication	Page No.

ii) **Articles in Journals**

Sl. No.	Title of Article	Journal	Year/Month

iii) **Papers in Conference/Seminar/Proceedings**

Sl. No.	Title of the paper	Title of conference/seminar volume	Year of publication	Publisher
1	“Study on CMOS Noise and Noise Reduction Techniques.”	National Conference in “Recent Development in Electronics”	2015-16	IUP

**iv) Paper as a part of book:**

<b>Sl. No.</b>	<b>Title of the paper</b>	<b>Title of the book</b>	<b>Publisher</b>	<b>Year of publication</b>	<b>Page No.</b>

**v) Monographs/Reports (if any) \_\_\_\_\_**

**12. Conference/Seminar organized:**

<b>Sl. No.</b>	<b>Status as organizer</b>	<b>Title of the conference/seminar</b>	<b>Date</b>

**13. Conference/Seminar chaired:**

<b>Sl. No.</b>	<b>Title of the seminar</b>	<b>Organized by</b>	<b>Date</b>

**14. Conference/Seminar participated:**

<b>Sl. No.</b>	<b>Title</b>	<b>Organized by</b>	<b>Year/Month</b>	<b>Only participated</b>	<b>Participated and presented the paper</b>

**15. Chairman/Member of Authority/Committee etc:**

<b>Sl. No.</b>	<b>Chairman/Member/Secretary</b>	<b>Committee/Authority</b>	<b>Year (From-To)</b>

**16. Membership to professional Organization/Associations:**

<b>Sl. No.</b>	<b>Name of the Association/Organizations</b>	<b>Life member/Ordinary member</b>

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**17. Any other Information: EXAMINATION CONVENER, FST, IUD**

**(SIGNATURE)**