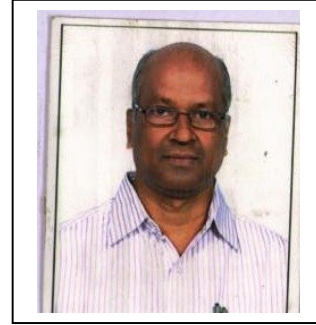


**PROFILE**



1. **Name (In Capital)** Dr BANOTHLAL
2. **Date of Birth(DD/MM/YYYY)** 03 08 1964, **Age (in years)** 58
3. **Address** H.No. 8-1-284/A/33 and 42/103//SLR Residency O U Colony Shaikpet  
Hyderabad Telangana 500104 **Phone /Mobile No** 9441342207
4. **Qualification** MA MPHIL Ph D [HISTORY]
5. **Area of Specialization** Life pattern and settlement of Banjaras
6. **Date of Appointment** **March 1992**
  - i **Joint Director (Professor Cadre)**
  - ii **Present Position: Dean, Students Affairs and Campus Development**
7. **Awards / Recognitions** Nil
8. **Details of Contribution in the Subjects / Faculty** Nil
  - a. **Design of Curriculum**
    - i. *Theory: nil*
    - ii. *Practical: Nil*
  - b. **Teaching Methods**
    - i. *Direct / offline 4 years*
    - ii. *Online -*
    - iii. *Audio lessons -*
    - iv. *Video lessons -*
  - c. **Preparation of Course Material / Lab Manuals (please enclose the list)**
    - i. *Course Writing*

<b>Theory</b>			
<b>S. No.</b>	<b>Programme</b>	<b>Title of the Course</b>	<b>Title of the unit(s)</b>
	Nil	Nil	Nil

<b>Practical</b>			
<b>S. No.</b>	<b>Programme</b>	<b>Title of the Course</b>	<b>Title of the unit(s)</b>

	Nil	Nil	Nil

**ii. Course Editing**

<b>Theory</b>			
S. No.	Programme	Title of the Course	Title of the unit(s)
	Nil	Nil	Nil

<b>Practical</b>			
S. No.	Programme	Title of the Course	Title of the unit(s)
	Nil	Nil	

**iii. Course Co-Ordination**

S. No.	Programme	Title of the Course
	Nil	Nil

S. No.	Programme	Title of the Course
	Nil	Nil

**d. e-Content Lessons/ Courses / Editing**

S. No.	Programme	Title of the Lessons / Course / Editing	E-Content Source
	Nil	Nil	Nil

**e. Radio/ Video/ Teleconferencing/ Web Conferencing/ Webinar (please enclose the list)**

S. No.	Programme	Course No. & Title	Title of the Lesson	Mode of the Lesson
		Nil	Nil	Nil

**9. Teaching .**

**a. Counselling / Teaching (Details may be enclosed)**

S.No.	Programme	Theory			Practical			
		Course No.	Course Title	No. of Hours	Course No.	Course Title	No. of Hours per Batch	No. of Batches

**Total Number of Hours Theory Counseling**

**i. Direct / offline** \_\_\_\_\_

**ii. Online** \_\_\_\_\_

**iii. Audio lessons** \_\_\_\_\_

**iv. Video lessons** \_\_\_\_\_

**Total number of Hours Practicals Counselling**

- i. Direct / offline* Nil
- ii. Online* \_\_\_\_\_
- iii. Audio lessons* \_\_\_\_\_
- iv. Video lessons* \_\_\_\_\_

**10. Course wise Teaching Plan to Counsellors to be implemented at all Study Centers in stipulated No. of Hours (Course wise details may be enclosed)**

S.No.	Programme	Course Number & Title	No of Hours per Block	Remarks
	Nil	Nil	Block-1 : Block-2 : Nil Block-3 :	-

**11. Summer / Winter Schools Conducted (Details may be enclosed)**

S.No	Course Number & Title	No. of unit(s)	No. of. Hours
	Nil	Nil	Nil

**12. Details of Participation in the following**

**a. University examination evaluation**

- i. UG yes
- ii. PG -
- iii. M.Phil & Ph.D -
- iii. Diploma /PG Diploma -
- iv. Certificate Courses -

**b. Paper Setting**

- i. UG -
- ii. PG -
- iii. M.Phil & Ph.D -
- iv. Diploma /PG Diploma -
- v. Certificate Courses -

**c. Preparation & Evaluation of Assignments**

- i. PG -

**d. Examinations Conducted -**

**e. Evaluation of Thesis / Dissertations -**

*(Enclose the list of evaluated Thesis / Dissertation titles)*

**13. Research Projects**

**i) Completed**

S. No.	Title of the Project	Funding Agency (UGC/DEC/CSIR/DST etc)	Amount Sanctioned	Year (From-To)
Nil	Nil	Nil	Nil	Nil

Nil	Nil	Nil	Nil	Nil
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**ii) On-going**

S. No.	Title of the Project	Funding Agency (UGC/DEC/ CSIR/DST etc)	Amount Sanctioned	Date of Commencement	Expected date of Submission
Nil	Nil	Nil	Nil	Nil	Nil
Nil	Nil	Nil	Nil	Nil	Nil

14. \*Number of Ph.D. Candidates Awarded -

15. \*Number of Ph.D. Candidates Currently Working -

16. \*Number of M.Phil. Candidates Awarded -

17. \*Number of M.Phil. Candidates Currently Working -

(\*please enclose the list of candidate names, registered year and title of work)

18. Research fellowship

S.No.	No. of Research Scholar	Funding Body
Nil	Nil	Nil
Nil	Nil	Nil

**19. Publications**

**i) Books (please enclose the list)**

S. No.	Author(s)/ Editor (s)	Title	Publisher	Year of Publication	Page No.(s)
Nil	Nil	Nil	Nil	Nil	Nil
Nil	Nil	Nil	Nil	Nil	Nil

**ii) Articles / Papers Published in Books (please enclose the list)**

S. No.	Title of Article/ Paper	Title of the Book	Editor(s) Name	Publisher with ISBN/ISSN	Year of Publication	Page No. (s)
-	-	-	-	-	-	

**iii) Articles Published in Journals (please enclose the list)**

Sl. No.	Title of Article	Journal with ISBN/ISSN	Year/Month
Nil	Nil	Nil	Nil
Nil	Nil	Nil	Nil
Nil	Nil	Nil	Nil
Nil	Nil	Nil	Nil
Nil	Nil	Nil	Nil

**iv). Papers Presented in Conferences/Seminars/Workshops (please enclose the list)**

Sl. No.	Title of the paper	Title of Conferences/Seminars/Workshops	Presented Place and date(s)	Publisher & Year of publication
Nil	Nil	Nil	Nil	Nil
Nil	Nil	Nil	Nil	Nil
Nil	Nil	Nil	Nil	Nil
Nil	Nil	Nil	Nil	Nil
Nil	Nil	Nil	Nil	Nil
Nil	Nil	Nil	Nil	Nil

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

**20. Conferences/Seminars/ Workshops Organized (please enclose the list)**

S. No.	Status as Organizer	Title of the Conferences/Seminars	Date(s) of Conferences/Seminars/Workshops

**21. Conferences /Seminars/Workshops Chaired (please enclose the list)**

S. No.	Title of the Conferences/Seminars/Workshops	Organized by	Place & Date(s) of the Conferences/Seminars/Workshops

**22. Conferences/Seminars/ Workshops/ Symposiums/ Refresher Courses/ Orientation Courses participated (please enclose the list)**

S. No.	Title	Organized by	Place & Date(s)

**23. Chairman/Member of Authority/Committee etc (please enclose the list)**

S. No.	Chairman/Member/Secretary	Committee/Authority	Year (From-To)

**24. Membership in Professional Organization/Associations (please enclose the list)**

S. No.	Name of the Association/Organizations	Life Member/Ordinary Member
01	Life Member of Indian Distance Education- IDEA	
02	Life member of South Indian History Congress	
03	Life Member of AP History Congress	

**25. Faculty exchange Programme**

S.No.	Title of the Faculty Exchange Programme	Name of the institution and country	Funding body	Duration

**26. Foreign Universities Visited for Academic Programme (Details may enclose)\_\_\_\_\_**

**27. Foreign Assignments (Details may enclose)\_\_\_\_\_**

**28. Academic / Administrative Positions held**

S.No.	Designation	Institution	Period
01	Liaison Officer for – SC/ST Cell	Dr. BRAOU, Hyderabad	from February 2007 to till 2017
02	Additional Controller of Examinations	Dr. BRAOU, Hyderabad	From August 2012 to August 2013
03	Director to UGC – DEB Affairs and Campus Development	Dr. BRAOU, Hyderabad	April 2017 to February, 2018
04	Director, Student Services Branch	Dr. BRAOU, Hyderabad	30-11-2019 to 18-7-2022
05	Dean Student Affairs	Dr. BRAOU, Hyderabad	March 2018 till date

**29. Any other Information \_\_\_\_\_**

**Date:**

**Place:**

**(SIGNATURE)**

**Forwarded**

**Head**

**Dean**

**Director (Academic)**