CV of Name

Name: Dr. Subarna Sankar Das(PT)

Designation: Physiotherapist

Address for Communication: (office)

Department of Physiotherapy, school of allied health science\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mobile No.: 8638556453

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Email: subarna\_physiotherapy@gcuniversity.ac.in

Sex: Male

Date of Birth: 14/10/1994

Educational Qualifications:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. | Examination Passed | Year of passing | Board / Council / |  |
| No. |  |  | University | Specialization |
|  |  |  |  |  |
|  |  |  |  |  |
| 1 | HSLC/10th Std. | 2011 | CBSE |  |
| 2 | HSSLC/10+2 Std. | 2013 | CBSE |  |
| 3 | Degree (Please Specify) | 2018 | GU | Bachelor Of Physiotherapy. |
| 4 | Master’s Degree  (Please Specify) | 2023 | SSUHS | Masters of Physiotherapy in Neurological and psychosomatic disorders. |
| 5 | M. Phil.(Please Specify) |  |  |  |
| 6 | Ph. D. (Please Specify) |  |  |  |
| 7 | Post-Doctoral  (Please Specify) |  |  |  |
| 8 | Others(Please Specify) |  |  |  |

Languages known: Assamese, English, Hindi.

(Read, Write & Speak)

Academic/ Administrative Experience: Freshers/ clinical Experience

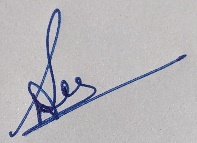
List of Publications:

Research Experience:

* Doctoral thesis guided :
* Research & Consultancy Projects:

Membership of Professional bodies:

Award, Fellowship & Recognition:



Scanned Signature

Date: 9/03/24 (Name) Subarna Sankar Das