

**Marathwada Shikshan Prasarak Mandal's**  
**VINAYAKRAO PATIL MAHAVIDYALAYA, VAIJAPUR**  
**Self Appraisal Report: Unaided and CHB UG &PG Faculty**

**2023:2024**

Name of Teacher : Miss.Rani Bhagvan Tribhuvan  
Current Designation : Lecturer  
Date of Appointment : 22/11/2022  
Date of Birth :02/07/2000  
Category :SC  
Teaching experience : Two Years  
Address for correspondence :Sumati Colony Yeola Road ,Vaijapur  
Email id : ranitribhuvan6@gmail.com

**Academic Qualifications**

<b>Exam</b>	<b>Uni/Board</b>	<b>Year</b>	<b>Class/Div.</b>
M.Sc Biotechnol ogy	BAMU Deogiri College, Chhatrapati Sambhajinagar	2022	First class with Distinction
B.Sc Biotechnol ogy	BAMU Vinayakrao Patil College, Vaijapur	2020	First Class
HSC	Pune	2017	Second Class
SSC	Pune	2015	First Class

**Research Degrees**

<b>Degrees</b>	<b>Title</b>	<b>Date of award</b>	<b>University/Agency</b>
Ph.D.			

M.Phil			
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**Major/Minor Project/Survey details**

S.N.	Title/Topic of Project/Survey	From-to	Funding Agency

**Papers Presented in Seminar/Conference/Workshops**

S.N.	Seminar/Conference/ Workshops	Paper Title	Organizer	Dates	Level
1.					
2.					

**Research Paper in National Proceeding**

S.N.	Seminar/Conf	Paper Title	Organizer	Date
1				

**Research Papers Published in Journals**

S.N	Title of Research Paper	Journal	Issue and Volume
1.			

**Seminars and Conferences Organized**

S.N.	Seminar/Conference	Organizer	Date	Sponsored by

**Student competitions, study tours, research projects, exhibitions, webinars etc. conducted**

S.N.	Name of Activity	Date	No of participants
1.	Diversity of bacterial and fungal in different soil sample		4

**Role/work in various college committees**

S.N.	Name of committee	Role/work done

**Innovative teaching methods/aids used**

S.N.	Name of method	Class	Date

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**Remedial coaching/Extra coaching given to slow learners**

S.N.	Name of activity	Class	Date	No of participants

**Examination Duties Performed**

S.N.	Name of Exam	Nature of work	Date
1	UG	Invigilation	March 2022

**Student Result**

S.N.	Name of Paper	Appeared	Pass	Fail	Pass Percentage
1					
2					
3					
4					

**Extension and outreach work**

S.N.	Name of activity	Nature of work	Date
1			

**Any other contribution/achievements**

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**Note: All necessary certificates/proofs, evidences to be enclosed**

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