## **Faculty Profile**

Name: AJIT JENA

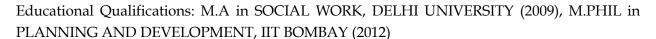
Designation: ASSISTANT PROFESSOR

Department/Centre: SOCIAL WORK

Phone Numbers:

+919435070250 (M)

Email id: AJITJENA23@GMAIL.COM



Areas of Interest: 1. SOCIAL LEGISLATON AND SOCIAL POLICY, 2. SOCIAL ACTION AND SOCIAL MOVEMENTS, 3. SOCIAL DEVELOPMENT AND SOCIAL EXCLUSION, 4. SOCIAL WELFARE ADMINISTRATION, 5. HUMAN RESOURCE MANAGEMENT

Work Experience: [In chronological order with the recent one at the last.]

Name of the	Designatio	Po	eriod	Nature of Post
Organizatio	n	From	To	(permanent/temporary/A
n				d-hoc/ contractual etc.)
ASSAM	ASSISTAN	10/11/210	CONTINUIN	PERMANENT
UNIVERSIT	T	4	G	
Y	PROFESSO			
	R			

Awards and Honours (if any): [Maximum upto 5]

[In chronological order with the recent one at the last.]

Award Details	Awarding Agency	Year	Remark (if any)

Projects: [In chronological order with the recent one at the last. Mention shall be made if the project is ongoing or completed]

Project Title	Awarding Agency	Period	Amount Sanctioned	Ongoing/ Completed

Consultancy/International Collaboration: [In chronological order with the recent one at the last.]

Details	Year	Remark (if any)
[Type of consultancy/ collaboration], [Party details], [Period], [Amount (if any)]		

Publications in Peer Reviewed Journals/Book Chapters (Maximum 5)

Authors	Title of the	Name of the	Journal/Book details	ISSN/ISBN
	Paper/Chapter	Journal/Book		
			Journal Details: [Year	
			of Publication] [Vol.	
			No], [Issue No.],	
			[Page No.]	
			Book Details:[Name	
			of the publisher],	
			[Year of Publication]	
			[Page No.]	

Books Authored/Edited Books (Maximum 5)

Authors	Title Book	of	the	ISBN	Publisher Details	Authored/Edited
					[Name of the publisher], [Year of Publication]	

Peer Reviewed Publications in Proceedings of National/International Conference/Workshop/Symposium (Maximum 5)

Authors	Title of Paper	the	Name of the Program and Organizer	Publisher Details	ISBN/ISSN
				[Name of the publisher], [Year of Publication]	

Patents (if any):

Patent Details	Awarding Agency	Year	Remark (if any)

Details of Ph.D degree awarded (Under the supervision of the faculty):

Name of the Scholar	Title of the Thesis	Year of	Remark (if any)
		award	
			This column shall
			contain the
			department and
			university in which
			the Ph.D was carried
			out and any other
			relevant information