

## CURRICULUM VITAE OF FACULTY MEMBERS

### 1. Personal Information

Full Name: SWATIMUKTA SARANGI

Designation: LECT. IN HOME SCIENCE

Department: HOME SCIENCE

Date of Birth: 02/12/1988

Date of Joining: 18/07/2016

Gender: FEMALE

Official Address: SALIPUR AUTONOMOUS COLLEGE, SALIPUR-754202

Email: sarangiswatimukta@gmail.com

Phone: 8327744845 / 9438852375

ORCID/Research ID (if any):



Photo

### 2. Academic Qualifications

| Degree           | Specialization       | University/Board | Year | Percentage/CGPA |
|------------------|----------------------|------------------|------|-----------------|
| 10 <sup>th</sup> |                      | BSE, ODISHA      | 2004 | 67 %            |
| 12 <sup>th</sup> |                      | CHSE, ODISHA     | 2007 | 59 %            |
| Graduation       | Home Science (Hon's) | UTKAL            | 2010 | 69%             |
| Post Graduation  | Home Science         | UTKAL            | 2012 | 55.5%           |
| M.Phil.          |                      |                  |      |                 |
| UGC/CSIR NET-JRF |                      |                  |      |                 |
| Ph.D.            |                      |                  |      |                 |

### 3. Teaching Experience

| Designation           | Institution                         | From       | To        | Total Experience |
|-----------------------|-------------------------------------|------------|-----------|------------------|
| Lect. in Home Science | Salipur Autonomous College, Salipur | 18.07.2016 | Till date | 11 years         |

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#### 4. Courses Attended (Orientation/Refresher/FDP etc.)

| Course      | Date                     | University/Organization                 | State/National / International |
|-------------|--------------------------|-----------------------------------------|--------------------------------|
| FDP, (AEDP) | 15.09.2025 to 17.09.2025 | Rama Devi University, Higher Education. | State                          |
|             |                          |                                         |                                |
|             |                          |                                         |                                |
|             |                          |                                         |                                |
|             |                          |                                         |                                |

#### 5. Seminars / Conferences Attended / Participated

| Date       | Topic                                         | Organized By            | Sponsored By | Role (Participated/Presented/Organized) | National / International |
|------------|-----------------------------------------------|-------------------------|--------------|-----------------------------------------|--------------------------|
| 30.01.2026 | Role of Lifestyle Management in diabetes care | Home Science Department | UGC          | Participate                             | National                 |
|            |                                               |                         |              |                                         |                          |
|            |                                               |                         |              |                                         |                          |
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## 6. Research Publications

| Title of the Paper | Name of the Journal | Impact Factor | ISSN No. | Volume | Issue | Year |
|--------------------|---------------------|---------------|----------|--------|-------|------|
|                    |                     |               |          |        |       |      |
|                    |                     |               |          |        |       |      |
|                    |                     |               |          |        |       |      |
|                    |                     |               |          |        |       |      |
|                    |                     |               |          |        |       |      |

## 7. Membership in Organizations / Associations

| Position Held | Organization<br>(National/State/International) | Type of Membership | Activities Conducted<br>(Subject Expert/Guest Lecturer/BOS Member/Life Member etc.) |
|---------------|------------------------------------------------|--------------------|-------------------------------------------------------------------------------------|
|               |                                                |                    |                                                                                     |
|               |                                                |                    |                                                                                     |
|               |                                                |                    |                                                                                     |
|               |                                                |                    |                                                                                     |
|               |                                                |                    |                                                                                     |

## 8. Areas of Specialization / Research Interests

Extension Education.

## 9. Awards / Recognitions (if any)

### Declaration

I hereby declare that the information provided above is true to the best of my knowledge.

Date: 19.02.2026

Place: Salipur, Cuttack

A handwritten signature in blue ink that reads "Swatimukta Sarangi". The signature is written in a cursive style with a horizontal line underneath the name.

Signature