


JSS Mahavidyapeetha
JSS Academy of Technical Education
Department of Information Technology



FACULTY PROFILE

1. Personal Details

NAME	PRAGYA GUPTA	
DEPARTMENT	CSDS	
DESIGNATION	Assistant Professor	
PHONE	9953517742	
EMAIL ID	pragya.gupta@jssaten.ac.in	
Date of Joining (JSSATEN)	07-08-2023	

2. Experience

Total Experience in Years	Teaching: 3 years	Industry: NIL	Research: NIL
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3. Qualifications

COURSES	SPECIALIZATION	Year of Award	INSTITUTION	UNIVERSITY
B.Tech.	Computer Science and Engineering	2010	SRMIST	SRM
M.Tech.	Robotics and Automation	2016	IGDTUW	IGDTUW

4. Research & Publications

	1.	

5. Research Guidance

PhD Guide? Give field & University	No	
PhDs / Projects Guided	Ph.D. Awarded: NIL Guiding: NIL	Projects at Master's Level: - 0 Projects at Bachelor's Level: 0

6. Grants

i. Funds Received (Projects)

Project Name	Grant Amount	Date of receiving the Grant	Duration	Grant issuing authority/ Body / Organization

ii. Patents

iii. Consultancy

Title of the work	Amount in Rs.	Date of receiving the Grant	Duration	Grant issuing authority/ Body / Organization
-	-	-	-	-

7. Awards Received

Awards	
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8. Publications

i. International Journals

ii. National Journals

Sl. No.	Title of the paper	Name(s) of Author(s)	Name of the Journal	Volume No. Issue No. Year	WOS / Scopus / Both	Impact Factor	Publisher
1.	Non Invasive Haemoglobin Measurement Techniques- A Review	Pragya Gupta and Nathi Ram Chauhan	Journal of Material Science and Mechanical Engineering (JMSME)	Volume 3, Issue 7; October-December, 2016 pp. 456-459	-	-	Krishi Sanskriti Publications

iii. Conferences

Sl. No.	Title of the paper	Name(s) of Author(s)	Name of the Journal	Volume No. Issue No. Year	WOS / Scopus / Both	Impact Factor	Publisher

iv. Workshops /Conferences Attended

Sl. No.	Name of the workshop / Conference	Organized by	Date	Role

v. Workshops / Conference (Organized)

Sl. No.	Name of the workshop / Conference	Organized by	Date	Role
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vi. Conference Attended (those sponsored by AICTE / ISTE /IETE /TEQIP or any other sponsoring body)

Sl. No.	Name of the workshop / Conference	Organizer	Date

9. Details of NPTEL / COURSERA courses completed

Sl. No.	Name of the course	Completed Date

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10.Membership of Professional Bodies:

1.

11.Any other information you will like to share about your professional experience