


### 1. Personal Details

Name	SHIKHA SINGH	
Designation	ASSISTANT PROFESSOR	
Department	ECONOMICS	
Email	shikhasingh@dr.du.ac.in	

### 2. Educational Qualification

Degree	Institution	Year
MA	UNIVERSITY OF DELHI	2009
BA (H) ECONOMICS	UNIVERSITY OF DELHI	2007

### 3. Full Time Research Experience

Designation	Institute	Time period	Nature of Appointment

### 4. Full time Teaching Experience

s.no	Designation	Institution	Time Period	Nature of Appointment
1.	ASSISTANT PROFESSOR	UNIVERSITY OF DELHI	2010-	ADHOC
Total				

### 5. Administrative Assignments

Name of Institute	Designation	Status	Time period	Experience


#### 6. Areas of Interest:

MICROECONOMICS, ECONOMETRICS

#### 7. Subjects Taught

S.No.	Course	Subject Taught	Semester	Year
1.	BA(H) ECONOMICS	Intermediate Microeconomics-I	III	2017-2019
2.	BA(H) ECONOMICS	Intermediate Microeconomics-II	IV	2017-2020
3.	BA(P)	Principles of Microeconomics-I	I	2019
4.	BA(P)	Principles of Microeconomics-II	II	2020
5.	BA(H) ECONOMICS	Statistical Methods for Economics	III	2021
6.	BA(H) ECONOMICS	Introductory Microeconomics	I	2020-21
7.	BA (H) Economics	Introductory Macroeconomics	II	2021

#### 8. Research Guidance Given:

Name of student	Gender	Degree for which guidance	Date of Registration	Supervisor/ Cosupervisor	University	Title of Thesis	Date of submission of thesis	Date of Award


**9. Details of refresher/orientation course/research methodology/workshop/syllabus up-gradation/teaching –learning-evaluation/technology programmes/Faculty Development Programme**

S.No.	Details	Place	Period		Year	Sponsoring/Organising Agency
			From	To		
1.	FDP	DRC,Delhi	16.11.2018	22.11.2018	2018	

**10. MOOCs completed with e-certification**

S.No.	Details of MOOC	Subject	Certification providing agency	Date of certification	Level (UG/PG/Other)	Year	E-certification no.

**11. Contribution towards development of e-content/MOOCs in 4- quadrants**

S.No.	Details of E-contents/ MOOCs in 4-quadrants	Quadrants developed	No. of Modules	Course	Sponsoring agency	Year	Level (UG/PG/Other)

**12. Contribution towards conduct of MOOCs**

S.No.	Details of MOOC	Subject	Sponsoring agency	Level (UG/PG/Other)	Year	E-certification no.

**13. Organising seminars/ conferences/workshops, other college/university activities.**

S.No.	Year	Details	Place	Period		Sponsoring/Organising Agency
				From	To	

**14. Creation of ICT mediated Teaching Learning pedagogy and content and development of new and innovative courses and curricula**

**Development of Innovative Pedagogy e module**

S.No.	Name of the Module	Subject	Stream	Organization for which it was developed	Year	Level (UG/PG/Other)	Weblink

**15. Research Projects ongoing 2017-21**

S.No	Name of Research Project	Funding Agency	National/International	Duration	Amount Sanctioned	Amount Received

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#### 16. Research projects Completed

S.No	Name of Research Project	Funding Agency	National/International	Duration	Amount Sanctioned	Amount Received

#### 17. Books published

S.No	Authors (year)Name of Book. Publisher, ISBN No	Publisher	Date of publishing	Authored/Edited	ISBN No

#### 18. Book Chapters/Articles published

S.No	Author(year) Title of Chapter/Article,in Edited Book: Title of book, Publisher, Vol, Page no	Date of publishing	Authored/Edited	ISBN No

#### 19. E- Modules Published

S.No	Author (year) Title, Module, Subject ,Organisation, Weblink	Date of publishing	Authored/Edited	Link

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**20. Research Publications:**

S.No	Author/s(Year) Journal Name, Vol, series, pg no, ISSN	Date of Publishing	Impact Factor	UGC Care List Journal Yes/No	Scopus Indexed Journal Yes/No
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**21. Conference Proceedings publication**

S.no	Title of Paper (Year) Title of conference proceedings , Vol, series, Pg no , ISBN	Date of Publishing	Peer Reviewed Yes/No	Venue of conference

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## 22. Conference Attended and Paper presentation

s.no	Type of Event	Name of Event	Venue of conference	Date of conference	Attended only Yes/no	paper presented Yes/No	Title of Paper Presented

## 23. Resource Person (Invited Lecture/Paper Presentation/ Chairing session/judging/ educational trips)

S.No	Type of Event	Name of Event	Venue	Date of Event	State your role: Convener/Member organizing committee/ Speaker/ Coordinator	Duration of Activity	No of participant in the programme

## 24. Awards Won

S.No	Name of Award	Awarding Agency	Government/ NGO/ International/Private	Recognition area	Date of award	Type of Honor received

**25. Extension Activity ( Community related program )**

S.No	Type of Activity	Centre and Venue	Title of Event	Role in the event	Date/period of Event	No of members of the community/students /Faculty benefitted

**26. Membership of Professional Bodies**

S.No	Type of Membership	Organisation	Year of Membership



**Signature**