



Dr. /Mr. A.P. Chorage

**M.Tech (Design)**

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**Academic Qualification:**

Degree	Institute Name	University Name	Year of Passing	Qualification Status
Ph.D.				Completed /Pursuing
M.E./M. Tech	VIT	Pune	2015	Completed
B.E./B. Tech	ICOER	Pune	2010	Completed

**Training Details**

Training Title	Arrange By	Venue	Date	Level	Category	Type

**Workshop Attended**

Workshop	Topic	Conducted By	Date	Level	Category	Type

**Conference Details**

Name	Venue	Date	Level	Category	Sponsored By

**Research Project**

Project name	Description	Status	Budget	Project type

**Research Paper & Journal**

<b>ISSN/ISBN No</b>	<b>Paper Title</b>	<b>Publish Date</b>	<b>Journal/Conference Name</b>	<b>Level</b>	<b>Paper Status</b>	<b>Authors</b>

### **Membership Details**

<b>Membership Body</b>	<b>Details</b>	<b>Duration</b>	<b>Level</b>

### **Declaration**

I hereby declare that all the above information furnished by me are true to the best of my knowledge.

Date: 03 March' 2022

Name: Aniket Prakash Chorage

