







Anna University, Chennai
Vivekanandha Institute of Information and Management Studies - 6133

Consolidated_Report
13.faculty

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	279862
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	DR. MOHANASUNDARAM V
Regular Or Adjunct	Regular
Image	
Present Designation	PRINCIPAL
Residential Address Line 1	8-28/30, ELLAPALAYAM, KUMARANKADU
Line 2	MALLASAMUDRAM NAMAKKAL
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9842942240
Email	MANLYMOHAN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AYAPM9220G
Passport Number	
Faculty code given by C.O.E.	6133021
Faculty code given by A.I.C.T.E.	1-9535073447
Date of Birth	23-03-1978
Age	46

I. Particulars of Educational Qualification : (only completed)

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.B.A.	BUSINESS ADMINISTRATION	1999	OTHERS - SENGUNTHAR ARTS AND SCIENCE COLLEGE	UNIVERSITY OF MADRAS	66	FIRST CLASS	
P.G.	M.B.A.	OTHERS - MARKETING AND HR	2001	OTHERS - SENGUNTHAR ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSITY	63.5	FIRST CLASS	
PH.D.	PH.D.	OTHERS - BUSINESS ADMINISTRATION	2010	OTHERS - ALAGAPPA UNIVERSITY	OTHERS - ALAGAPPA UNIVERSITY	62.8		
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MANAGEMENT	2003	OTHERS - ALAGAPPA UNIVERSITY	ALAGAPPA UNIVERSITY	62.8	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

SERVICES MARKETING A STUDY IN SOUTHERN RAILWAY

III. Faculty in which Ph.D. was awarded**IV. Academic Experience :****(Start from the Current working Experience) ***

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	PROFESSOR	26-09-2015	12-12-2020	5	2	17
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	22-12-2008	03-02-2011	2	1	13
P.S.R. ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	19-01-2005	20-12-2008	3	11	2
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	PRINCIPAL	14-12-2020	08-11-2024	3	10	26
VIVEKANANDHA INSTITUTE OF ENGINEERING AND TECHNOLOGY FOR WOMEN	PROFESSOR	04-02-2011	25-09-2015	4	7	22
SAPTHAGIRI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-08-2001	18-01-2005	3	5	18
Total				23	3	11

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year





AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	295764
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	DR. NANDHAKUMAR R
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	3/63, PAVALATHANOR POST
Line 2	OMALUR TK
District	SALEM
Telephone number	-
Mobile number	+91 - 7708999693
Email	NANDHAKUMAR.897@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BIXPR3246K
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-7486867438
Date of Birth	07-06-1989
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.C.A.	COMPUTER APPLICATIONS	2009	OTHERS - GANESH COLLEGE SALEM	PERIYAR UNIVERSITY	62.7	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2012	HINDUSTHAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.59	DISTINCTION	
PH.D.	PH.D.	OTHERS - COMPUTER SCIENCE	2018	OTHERS - BHARATHI DASAN UNIVERSITY	BHARATHI DASAN UNIVERSITY	Y		
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - COMPUTER SCIENCE	2013	OTHERS - BHARATHI DASAN UNIVERSITY	BHARATHI DASAN UNIVERSITY	80.67	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

HYBRID SYSTEMS FOR PREDICTING IVF SUCCESS RATE

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	PROFESSOR	26-07-2024	15-11-2024	0	3	21
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	14-06-2019	31-05-2022	2	11	17
Total				3	3	10

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year





AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	284055
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	DR. MIYALVAGANAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	34/3 MEENATCHI NAGAR
Line 2	CHINNA THRIUPATHI SALEM - 636 008
District	SALEM
Telephone number	-
Mobile number	+91 - 8825827340
Email	MYILRV@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	CJMPPM6711P
Passport Number	
Faculty code given by C.O.E.	6133012
Faculty code given by A.I.C.T.E.	1-452870148
Date of Birth	14-08-1974
Age	50
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	1997	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	55	SECOND CLASS	
P.G.	M.B.A.	OTHERS - HR MARKETING	2000	OTHERS - VMKV ENGINEERING COLLEGE	PERIYAR UNIVERSITY	65	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MANAGEMENT	2007	OTHERS - CDE	PERIYAR UNIVERSITY	76	FIRST CLASS	
PH.D.	PH.D.	OTHERS - MANAGEMENT	2015	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- SLET

Score : 220

File : 

II. Title of Ph.D. Thesis

QUALITY OF WORK LIFE AMONG EMPLOYEES OF STEEL INDUSTRY WITH SPECIAL REFERENCE TO SALEM STEEL PLANT SALEM

III. Faculty in which Ph.D. was awarded

FACULTY OF MANAGEMENT

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	18-01-2006	31-12-2016	10	11	14
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSOCIATE PROFESSOR	02-01-2017	11-11-2024	7	10	10
OTHERS - VINAYAGA MISSIONS	ASSISTANT PROFESSOR	01-09-2005	16-11-2005	0	2	16
Total				19	0	11

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
VMRF UNIVERSITY	EXECUTIVE	ADMINISTRAT ION	18-07-2003	31-08-2005	2	1	14
SOUTHERN AND STEEL COMPANY	GRADUATE TRAINEE	TRANIEE	01-12-1999	30-04-2000	0	4	31
CHENNAI PORT TRUST	GRADUATE TRAINEE	TRANIEE	01-05-2000	01-05-2001	1	0	1
Total					3	6	18

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year





AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	280436
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	DR. SENTHILKUMARAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	5/46, NGGO COLONY
Line 2	SALEM ROAD
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9786008119
Email	SHIVANINKL@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CFJPS5632A
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-7427686760
Date of Birth	16-04-1974
Age	50
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	1997	OTHERS - ARULMIGU MEENATCHI AMMAN COLLEGE OF ENGINEERING	UNIVERSITY OF MADRAS	58.37	SECOND CLASS	
P.G.	M.B.A.	OTHERS - HUMAN RESOURCE AND MARKETING	2002	OTHERS - PERIYAR UNIVERSITY	PERIYAR UNIVERSITY	68.74	FIRST CLASS	
PH.D.	PH.D.	OTHERS - CUSTOMER RELATIONSHIP AND MANAGEMENT	2018	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	Y		
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MANAGEMENT	2008	OTHERS - PERIYAR UNIVERSITY	PERIYAR UNIVERSITY	64	OTHERS -	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

A STUDY ON CRM PRACTICES OF THE COMMERICAL BANKS IN SALEM

III. Faculty in which Ph.D. was awarded

FACULTY OF MANAGEMENT

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSOCIATE PROFESSOR	23-09-2019	08-11-2024	5	1	16
KING COLLEGE OF TECHNOLOGY	ASSOCIATE PROFESSOR	11-04-2016	19-03-2019	2	11	9
ANNAI MATHAMMAL SHEELA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-09-2014	27-07-2015	0	10	18
ANNAI MATHAMMAL SHEELA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-07-2006	01-06-2007	0	10	30
OTHERS - VINAYAKA MISSIONS KIRUPANANDA VARIYAR ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	03-06-2002	30-04-2004	1	10	28
OTHERS - BRAHMA SCHOOL OF BUISNESS	ASSISTANT PROFESSOR	02-07-2012	14-06-2014	1	11	13
MUTHAYAMMAL ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	02-07-2007	30-04-2008	0	9	30
SELVAM COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	02-06-2008	31-03-2012	3	9	29
Total				18	4	28

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year

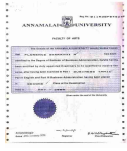



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	289750
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	DR. FLORENCE BHARATHI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	59C, THIRUNAGAR HASTHAMPATTI
Line 2	SALEM
District	SALEM
Telephone number	-
Mobile number	+91 - 9840958615
Email	FLORENCE.BHARATHI@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	ABYPF2796F
Passport Number	
Faculty code given by C.O.E.	6133032
Faculty code given by A.I.C.T.E.	1-9382193481
Date of Birth	15-06-1972
Age	52
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.B.A.	BUSINESS ADMINISTRATION	2000	ANNAMALAIAR COLLEGE OF ENGINEERING	ANNAMALAI UNIVERSITY	57	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2005	OTHERS - VINAYAKA MISSIONS KIRUPANANTHA VARAIYAR ENGINEERING COLLEGE	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MANAGEMENT	2008	OTHERS - PERIYAR UNIVERSITY	PERIYAR UNIVERSITY	67	FIRST CLASS	
PH.D.	PH.D.	MASTER OF BUSINESS ADMINISTRATION	2018	OTHERS - MANONMANIYAM SUNDARANAR UNIVERSITY	MANOMANIAM SUNDARANAR UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

AN EMPIRICAL EVALUATION OF WORKPLACE SPIRITUALITY AMONG THE ACADEMIC STAFF MEMBERS OF ENGINEERING COLLEGES WITH REFERENCE TO WESTERN REGION OF TAMILNADU

III. Faculty in which Ph.D. was awarded

FACULTY OF MANAGEMENT

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSOCIATE PROFESSOR	21-02-2020	13-11-2024	4	8	22
MUTHAYAMMAL COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	14-06-2010	31-12-2016	6	6	17
OTHERS - AVS COLLEGE OF ARTS AND SCIENCE	ASSISTANT PROFESSOR	09-07-2007	09-04-2009	1	9	1
OTHERS - KATPADI INDUSTRIAL INSTITUTE	ASSISTANT PROFESSOR	06-12-1993	06-11-2000	6	11	1
OTHERS - PGP COLLEGE OF ARTS AND SCIENCE	ASSISTANT PROFESSOR	03-10-2017	10-10-2019	2	0	8
GNANAMANI INSTITUTE OF MANAGEMENT STUDIES	ASSISTANT PROFESSOR	01-06-2009	11-03-2010	0	9	11
Total				22	9	6

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year





AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	288117
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	DR. PRAKASH S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	46/6, RAJAGOUNDAMPALAYAM, SURIYAMPALAYAM PO
Line 2	TIRUCHENGODE TK - 637209
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9942817715
Email	PRAKASHVICAS@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ATRPP3805G
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-744639117
Date of Birth	05-01-1974
Age	50
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	OTHERS - BBM	OTHERS - BUSINESS MANAGEMENT	1994	OTHERS - ERODE ARTS COLLEGE ERODE	BHARATHI YAR UNIVERSITY	57.2	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	1997	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	BHARATHI YAR UNIVERSITY	64.2	FIRST CLASS	
PH.D.	PH.D.	OTHERS - MANAGEMENT	2018	OTHERS - DRAVIDIAN UNIVERSITY	OTHERS - DRAVIDIAN UNIVERSITY	Y		
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - ENTREPRENEURSHIP	2006	OTHERS - MADURAI KAMARAJ UNIVERSITY	MADURAI KAMARAJ UNIVERSITY	55.2	OTHERS - -	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

PROSPECTS AND PROBLEMS OF POWER LOOM INDUSTRY IN NAMAKKAL DISTRICT OF TAMILNADU

III. Faculty in which Ph.D. was awarded

FACULTY OF MANAGEMENT

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSOCIATE PROFESSOR	26-06-2024	12-11-2024	0	4	17
OTHERS - PARK COLLEGE	ASSISTANT PROFESSOR	16-06-1999	09-06-2011	11	11	24
OTHERS - VIVEKANANDHA COLLEGE OF ARTS AND SCIENCES FOR WOMEN	ASSOCIATE PROFESSOR	13-06-2011	25-06-2024	13	0	13
Total				25	4	26

V. Industrial Experience :


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
P S BALASUBRAMA NIYAM EXPERTS	ADMIN OFFICER	ADMINISTRATI ON	13-06-1996	13-06-1999	3	0	1
Total					3	0	1



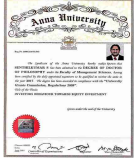
VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 3618	Re-Evaluation (No. of scripts Evaluated)

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	292652
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	DR. SENTHILKUMAR S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	15, BARANI NAGAR, MOHANUR ROAD
Line 2	NAMAKKAL
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9842007699
Email	SENTHILMNS66@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AWTPS1830M
Passport Number	
Faculty code given by C.O.E.	6133017
Faculty code given by A.I.C.T.E.	1-757782787
Date of Birth	03-06-1966
Age	58
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	INDUSTRIAL ENGINEERING	1988	OTHERS - BMS COLLEGE OF ENGINEERING	OTHERS - BANGALORE UNIVERSITY	64.5	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2008	OTHERS - PERIYAR UNIVERSITY	PERIYAR UNIVERSITY	69	FIRST CLASS	
PH.D.	PH.D.	MASTER OF BUSINESS ADMINISTRATION	2017	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

INVESTORS BEHAVIOUR TOWARDS EQUITY INVESTMENT

III. Faculty in which Ph.D. was awarded

FACULTY OF MANAGEMENT

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSOCIATE PROFESSOR	22-05-2013	14-11-2024	11	5	24
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	16-05-2011	21-05-2013	2	0	6
PAAVAI ENGINEERING COLLEGE (AUTONOMOUS)	OTHERS - PLACEMENT TRAINER	10-09-2008	20-04-2011	2	7	11
SELVAM COLLEGE OF TECHNOLOGY (AUTONOMOUS)	OTHERS - PLACEMENT TRAINER	07-09-2006	01-09-2008	1	11	25
Total				18	1	7

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
MRF	SENIOR INDUSTRIAL ENGINEER	INDUSTRIAL ENGINEER	20-10-1990	01-08-1995	4	9	13
Total					4	9	16

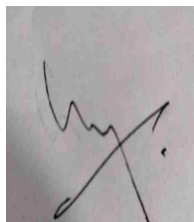
VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
6			150	

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	287440
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. HAJAMYDEEN A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/96, KOLLAMPATTARI STREET
Line 2	MUTHUGAPATTI POST
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 7845400448
Email	HAJAMYDEENMANAGEMENTHRM2020@GMAIL.COM
Gender	MALE
Community	OTHERS - BCM
PAN Number	BCDPH1531B
Passport Number	
Faculty code given by C.O.E.	6133039
Faculty code given by A.I.C.T.E.	1-43441861074
Date of Birth	03-06-1981
Age	43
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.COM.	COMMERCE	2001	OTHERS - JAMEL MOHAMED COLLEGE TRICHY	BHARATHIDASAN UNIVERSITY	58	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2003	OTHERS - THANTHAI HANS ROEVER COLLEGE PERAMBALUR	BHARATHIDASAN UNIVERSITY	71	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MPHIL	2007	OTHERS - ALAGAPPA UNIVERSITY	ALAGAPPA UNIVERSITY	55	SECOND CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - MUTHAYAMMAL COLLEGE OF ARTS AND SCIENCE	ASSISTANT PROFESSOR	16-12-2020	31-08-2022	1	8	16
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	07-09-2022	12-11-2024	2	2	6
Total				3	10	27

V. Industrial Experience :

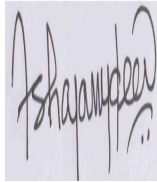
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
3		3	2	2

It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in black ink on a light grey background. The signature is written in a cursive style and appears to read "Ashampaka".

Signature of the Faculty :

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	288548
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	MRS. DHIVYA N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/166, E PERIYAKADU, MUNNIYAMPALAYAM
Line 2	MULASI PO, TIRUCHENGODE
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 8760019217
Email	DHIVYARUBI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CIBPD3464L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44238407603
Date of Birth	16-10-1990
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - COMPUTER SCIENCE	2011	OTHERS - VIVEKAN ANDHA COLLEGE OF ARTS AND SCIENCES FOR WOMEN	PERIYAR UNIVERSITY	74.65	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2013	OTHERS - VIVEKAN ANDHA COLLEGE OF ARTS AND SCIENCES FOR WOMEN	PERIYAR UNIVERSITY	75	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - COMPUTER SCIENCE	2014	OTHERS - VIVEKAN ANDHA COLLEGE OF ARTS AND SCIENCES FOR WOMEN	PERIYAR UNIVERSITY	85	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	11-09-2023	12-11-2024	1	2	2
OTHERS - VIVEKANANDHA COLLEGE OF ARTS AND SCIENCES FOR WOMEN	ASSISTANT PROFESSOR	01-11-2014	10-08-2021	6	9	10
Total				7	11	17

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	291104
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	MRS. GAYATHRI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	176, MARIYAMMAN KOVIL STREET
Line 2	NAMBIYUR - 638 458
District	ERODE
Telephone number	-
Mobile number	+91 - 8248738873
Email	GAYVADIVEL@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CRBPG1420Q
Passport Number	
Faculty code given by C.O.E.	6133035
Faculty code given by A.I.C.T.E.	1-43440173359
Date of Birth	07-06-1979
Age	45
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - COMPUTER SCIENCE	1999	OTHERS - SENGUNTHAR ARTS AND SCIENCE TIRUCHENGODE	UNIVERSITY OF MADRAS	77	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2002	OTHERS - ALAMELUNGANAPPAN COLLEGE FOR WOMEN KOMARAPALAYAM	PERIYAR UNIVERSITY	74	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MPHIL	2008	OTHERS - ALAGAPPA UNIVERSITY	ALAGAPPA UNIVERSITY	60	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - J K K NATARAJA COLLEGE OF ARTS SCIENCE KUMARAPALAYAM	ASSISTANT PROFESSOR	16-12-2002	19-12-2011	9	0	4
OTHERS - P K R ARTS COLLEGE FOR WOMEN	ASSISTANT PROFESSOR	14-06-2012	30-04-2013	0	10	17
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	08-08-2022	13-11-2024	2	3	6
OTHERS - KAMADHENU ARTS AND SCIENCE COLLEGE SATHIYAMANGALAM	ASSISTANT PROFESSOR	04-08-2014	22-03-2019	4	7	19
Total				16	9	21

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

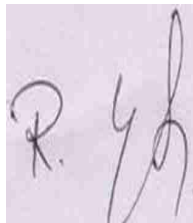
VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	291814
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	MRS. SENTHAMARASELVI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	127 VINAYAGAR KOVIL STREET, MOOLAPALAYAM
Line 2	WARE HOUSE PARK SIDE
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9843635530
Email	SUNRUKS_SETHU@YAHOO.CO.IN
Gender	FEMALE
Community	BC
PAN Number	BGUPS5214F
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-9599572561
Date of Birth	03-06-1975
Age	49
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - CHEMISTRY	1996	OTHERS - VELLALAR COLLEGE FOR WOMEN	BHARATHIYAR UNIVERSITY	76	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	1999	OTHERS - VELLALAR COLLEGE FOR WOMEN	BHARATHIYAR UNIVERSITY	62	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - COMPUTER SCIENCE	2004	OTHERS - MOTHER TERESA UNIVERSITY	MOTHER TERESA WOMEN'S UNIVERSITY	59.7	SECOND CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
SREE SASTHA INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	31-08-2009	27-08-2010	0	11	28
OTHERS - VEL TECH ENGINEERING COLLEGE	ASSISTANT PROFESSOR	30-04-2007	19-04-2008	0	11	20
OTHERS - ERODE ARTS AND SCIENCE COLLEGE FOR WOMEN	ASSISTANT PROFESSOR	23-06-1999	31-03-2000	0	9	8
OTHERS - BHARATHIDHASAN COLLEGE OF ARTS AND SCIENCE	ASSISTANT PROFESSOR	20-06-2000	15-07-2002	2	0	26
SSM COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	17-07-2002	28-04-2007	4	9	12
MUTHAYAMMAL ENGINEERING COLLEGE (MCA STAND ALONE)	ASSISTANT PROFESSOR	02-07-2014	31-05-2019	4	10	30
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	01-07-2019	13-11-2024	5	4	13
Total				19	10	24

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

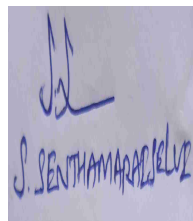
VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Exmination during the last year


AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



S. SENTHAMARASELVAN


Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	293475
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. KRISHNAKUMAR T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6/862 EB COLONY
Line 2	NAMAKKAL
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 8610803373
Email	AKSHIDHARS0407@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BMAPK6789B
Passport Number	
Faculty code given by C.O.E.	6133013
Faculty code given by A.I.C.T.E.	1-452142435
Date of Birth	30-07-1975
Age	49
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.S.C.	OTHERS - PHYSICS	1995	OTHERS - HKRH	MADURAI KAMARAJ UNIVERSITY	71	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	1997	OTHERS - PSNA	MADURAI KAMARAJ UNIVERSITY	67	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MPHIL	2007	OTHERS - PERIYAR UNIVERSITY	PERIYAR UNIVERSITY	72	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- SLET

Score : 240

File : 

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

**IV. Academic Experience :
(Start from the Current working Experience) ***

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - VINAYAKA MISSIONS SALEM	ASSISTANT PROFESSOR	13-07-2000	30-06-2005	4	11	19
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	01-07-2005	14-11-2024	19	4	14
Total				24	4	5

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		2	300	

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	308368
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. KOKILA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	D 130 TNHB COLONY KOLLPATTY ANIMOOR
Line 2	637214
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9362025063
Email	KOKILARAMASAMY.N@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CWDPK5501M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44725680211
Date of Birth	11-06-1987
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.COM.	COMMERCE	2008	OTHERS - VIVEKANANDHA COLLEGE OF ARTS AND SCIENCE	PERIYAR UNIVERSITY	58	SECOND CLASS	
P.G.	M.B.A.	OTHERS - FINANCE AND MARKETING	2010	VIVEKANANDHA BUSINESS SCHOOL FOR WOMEN	ANNA UNIVERSITY	72	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	26-11-2024	28-11-2024	0	0	3
Total				0	0	3

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
-------------------	----------------------------	---	---	--

It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in blue ink, appearing to read 'Rou', is centered on a rectangular pink background.

Signature of the Faculty :

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	308440
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	MRS. SUDHA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/227 VELLALAR STREET VALAYACHETTIPALAYAM
Line 2	637301
District	SALEM
Telephone number	-
Mobile number	+91 - 8072891899
Email	SUDHAKSHINI.P@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	JBZPS7269L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44725912041
Date of Birth	02-04-1995
Age	29
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - INFORMATION TECHNOLOGY	2015	OTHERS - VIVEKANANDA COLLEGE OF ARTS AND SCIENCES FOR WOMEN	PERIYAR UNIVERSITY	74	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2017	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	71	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	20-09-2023	28-11-2024	1	2	9
Total				1	2	10

V. Industrial Experience :

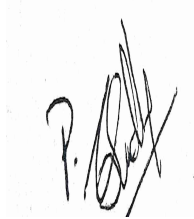
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
----------------------------------	---	--	--	---

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	302075
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	MR. AROCKIYA RAJ J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	16-15 MOTTANKURICHI
Line 2	KANNANKURUCHI, SALEM - 636 008
District	SALEM
Telephone number	-
Mobile number	+91 - 9003683781
Email	MCAVIIMS@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AKFPR7426N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-4423915334
Date of Birth	07-05-1974
Age	50
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - PHYSICS	1998	OTHERS - ARUL ANANDAR COLLEGE AUTONOMOUS	MADURAI KAMARAJ UNIVERSITY	87.2	DISTINCTION	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2001	OTHERS - ST JOSEPH'S COLLEGE AUTONOMOUS	BHARATHIDASAN UNIVERSITY	75	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - VIVEKANANDHA COLLEGE OF ARTS AND SCIENCES FOR WOMEN	ASSISTANT PROFESSOR	14-09-2009	30-06-2011	1	9	17
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	01-08-2024	22-11-2024	0	3	22
VIVEKANANDHA INSTITUTE OF ENGINEERING AND TECHNOLOGY FOR WOMEN	ASSISTANT PROFESSOR	01-07-2011	25-04-2014	2	9	25
Total				4	11	9

V. Industrial Experience :

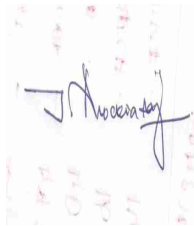
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	284451
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. SUGANYA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/626, ODAKADU, KUMARAMNAGALAM
Line 2	TIRUCHENGODE - 637 205
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9942015555
Email	SUGANYASELLAMUTHU@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CKNPS4786C
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44237532204
Date of Birth	15-08-1986
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	OTHERS - INFORMATI ONTECHNO LOY	2008	OTHERS - AVINASHILI NGAM UNIVERSITY	OTHERS - AVAINASHIL INGAM UNIVERSITY	71	FIRST CLASS	
P.G.	OTHERS - MBA	OTHERS - FINANCE MARKETTING	2010	OTHERS - J ACADEMY FOR MANAGERIAL EXCELLANCE COIMBATORE	BHARATHIDASAN UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	SARDAR RAJA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	78	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
GNANAMANI INSTITUTE OF MANAGEMENT STUDIES	ASSISTANT PROFESSOR	21-07-2010	16-07-2011	0	11	27
EINSTEIN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-07-2018	05-07-2020	2	0	1
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	01-06-2023	28-11-2024	1	5	28
Total				4	5	29

V. Industrial Experience :

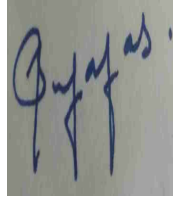
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	280660
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. ARAVINTH A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	17/9 CHAIRMAN RAMANUJAM STREET
Line 2	KARUR - 639002
District	KARUR
Telephone number	-
Mobile number	+91 - 9944825547
Email	ARAVINTH.A26@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AWOPA2727L
Passport Number	
Faculty code given by C.O.E.	613333038
Faculty code given by A.I.C.T.E.	1-44234646043
Date of Birth	26-08-1988
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - COMPUTER SCIENCE	2009	OTHERS - KANDASAMY KANDAR ARTS AND SCIENCE	PERIYAR UNIVERSITY	56	SECOND CLASS	
P.G.	M.B.A.	OTHERS - HR MARKETING	2011	SASURIE COLLEGE OF ENGINEERING	ANNA UNIVERSITY	74	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - SRI AMARAVATHI COLLEGE OF ARTS AND SCIENCE	ASSISTANT PROFESSOR	23-01-2023	21-04-2023	0	2	30
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	03-05-2023	08-11-2024	1	6	6
OTHERS - VALLUVAR COLLEGE OF SCIENCE AND MANAGEMENT	ASSISTANT PROFESSOR	01-06-2018	30-11-2021	3	5	30
Total				5	3	7

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
4		2		

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	281716
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. TAMILSELVI M S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/78, PALANISAMY COMPLEX, ELAYAMPALAYAM
Line 2	TIRUCHENGODE
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9551996621
Email	TAMILWILSON09@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BBEPT2898B
Passport Number	
Faculty code given by C.O.E.	4212092
Faculty code given by A.I.C.T.E.	1-44239153724
Date of Birth	09-05-1985
Age	39
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	2006	OTHERS - AVS ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSITY	77	DISTINCTION	
P.G.	M.SC.	OTHERS - MATHEMATICS	2008	OTHERS - SRI SARADA COLLEGE FOR WOMEN	PERIYAR UNIVERSITY	76	DISTINCTION	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2009	OTHERS - VINAYAKA MISSIONS UNIVERSITY	OTHERS - VINAYAKA MISSIONS UNIVERSITY	69	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	29-08-2022	09-11-2024	2	2	12
OTHERS - SRI CHANDRASEKHARENDRA SARASWATHI VISWA MAHAVIDYALA	ASSISTANT PROFESSOR	25-07-2018	31-05-2019	0	10	7
OTHERS - AVS COLLEGE OF ARTS AND SCIENCE	ASSISTANT PROFESSOR	23-06-2008	16-07-2009	1	0	24
INDIRA GANDHI COLLEGE OF ENGINEERING AND TECHNOLOGY FOR WOMEN	ASSISTANT PROFESSOR	18-01-2010	10-01-2012	1	11	24
PET ENGINEERING COLLEGE	ASSISTANT PROFESSOR	16-11-2020	31-12-2021	1	1	15
KARPAGA VINAYAGA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	11-01-2012	20-06-2018	6	5	10
Total				13	8	6

V. Industrial Experience :


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :




Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
15			500	50

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty : 

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	285444
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	MR. GANESH C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	71 VENGA MEDU KOTHANUR
Line 2	VELUR
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9842550727
Email	GANSAABINC@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	AIJPG4058K
Passport Number	
Faculty code given by C.O.E.	6133034
Faculty code given by A.I.C.T.E.	1-9633659628
Date of Birth	24-07-1975
Age	49
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.COM.	COMMERCE	1995	OTHERS - KANDASAMY KANDAR COLLEGE	UNIVERSITY OF MADRAS	56	SECOND CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	1998	OTHERS - KANDASAMY KANDARS COLLEGE	UNIVERSITY OF MADRAS	65	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - COMMERCE	2002	OTHERS - URUMU COLLEGE	UNIVERSITY OF MADRAS	70	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	27-10-2021	11-11-2024	3	0	16
MAHENDRA ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	14-06-2006	18-05-2007	0	11	5
SELVAM COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	02-07-2015	30-12-2015	0	5	29
M.KUMARASAMY COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	02-06-2010	20-06-2013	3	0	19
GNANAMANI COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2019	30-12-2020	1	5	30
Total				9	0	9

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :




Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty : 

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	285938
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	MRS. PONMAYIL R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/14-2 PACKIYAM STREET
Line 2	PANDIAN NAGAR MADHURAI
District	MADURAI
Telephone number	-
Mobile number	+91 - 9940758384
Email	PONMAYILKARTHICK@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BAHPP2515H
Passport Number	
Faculty code given by C.O.E.	6133037
Faculty code given by A.I.C.T.E.	1-43491645684
Date of Birth	05-04-1980
Age	44
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - HOME SCIENCE	2000	OTHERS - FATHIMA COLLEGE FOR WOMEN	MADURAI KAMARAJ UNIVERSITY	75	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2006	OTHERS - FATHIMA COLLEGE	MADURAI KAMARAJ UNIVERSITY	65	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - COMPUTER SCIENCE	2008	OTHERS - MADURAI KAMARAJ UNIVERSITY	MADURAI KAMARAJ UNIVERSITY	56	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - S VELLAICHAMY NADAR COLLEGE	ASSISTANT PROFESSOR	25-09-2013	20-04-2015	1	6	26
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	21-04-2023	11-11-2024	1	6	21
OTHERS - S VELLICHAMY NADAR COLLEGE	ASSISTANT PROFESSOR	06-06-2007	31-05-2010	2	11	25
OTHERS - ULTRA ARTS SCIENCE COLLEGE	ASSISTANT PROFESSOR	01-07-2021	20-04-2023	1	9	20
OTHERS - MADURAI GANDHI N M R SUBRAMAN COLLEGE FOR WOMEN	ASSISTANT PROFESSOR	01-07-2016	27-04-2017	0	9	27
Total				8	8	4

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

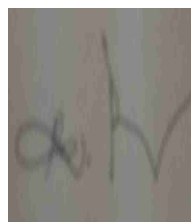
VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
3				

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Faculty ID	286181
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. SANGEETHA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	PLOT NO 10, LAKE BREEZE ROAD, THAMARAI NAGAR KANNAN KURUCHI PO
Line 2	SALEM - 636 008
District	SALEM
Telephone number	-
Mobile number	+91 - 9944611965
Email	SANGEETHAGEMS2017@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	BQZPS1258Q
Passport Number	
Faculty code given by C.O.E.	6133039
Faculty code given by A.I.C.T.E.	1-44237532795
Date of Birth	09-05-1980
Age	44
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.B.A.	BUSINESS ADMINISTRATION	2000	OTHERS - VYSYA COLLEGE OF ARTS AND SCIENCE SALEM	UNIVERSITY OF MADRAS	78	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2002	OTHERS - VYSYA COLLEGE OF ARTS AND SCIENCE	PERIYAR UNIVERSITY	78	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MARKETTING	2014	OTHERS - VINAYAGA MISSIONS UNIVERSITY	OTHERS - VINAYAGA MISSIONS UNIVERSITY	78	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	15-09-2023	12-11-2024	1	1	28
OTHERS - SRI ARAVINDAR ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	07-06-2010	19-11-2011	1	5	13
OTHERS - GREAT EASTERN MANAGEMENT SCHOOL	ASSISTANT PROFESSOR	04-09-2013	28-02-2020	6	5	24
MUTHAYAMMAL ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	02-07-2012	31-05-2013	0	10	30
Total				10	0	5

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 5	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**

