








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

Consolidated\_Report  
13.faculty

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

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	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	23-01-2025	4	1	10
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
<b>Total</b>				23	5	25

**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 :**

<b>Name of the College</b>	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
<b>Faculty ID</b>	314254
<b>Name of the Department</b>	MASTER OF COMPUTER APPLICATIONS
<b>Name of the Degree &amp; Course</b>	M.C.A.-MASTER OF COMPUTER APPLICATIONS
<b>Name of the faculty member</b>	DR. ANITHA S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	PROFESSOR
<b>Residential Address</b> Line 1	11 A S PETTAI
Line 2	NAMAKKAL
<b>District</b>	NAMAKKAL
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 6382952285
<b>Email</b>	SELVIANITHAS@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	ASSPA4680L
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-3558060464
<b>Date of Birth</b>	25-05-1974
<b>Age</b>	51
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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	1995	OTHERS - MAHARAJA COLLEGE FOR WOMEN	BHARATHIYAR UNIVERSITY	59	SECOND CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2000	OTHERS - UNIVERSITY MADRAS	UNIVERSITY OF MADRAS	65.58	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - KARPAGAM UNIVERISITY	OTHERS - KARPAGAM UNIVERISITY	74	FIRST CLASS	
PH.D.	PH.D.	OTHERS - COMPUTER SCIENCE	2022	OTHERS - PERIYAR UNIVERSITY	PERIYAR UNIVERSITY	Y		
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - COMPUTER SCIENCE	2003	OTHERS - MANONMAIYAM SUNDARANAR UNIVERISITY	MANOMANIAM SUNDARANAR UNIVERSITY	68	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

**I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION**

Score :

File :

**II. Title of Ph.D. Thesis**

RESEARCH AND IMPLEMENTATION OF HIGHLY SECURED STEGANOGRAPHY TECHNIQUE USING MODIFIED LSB BASED SYMMETRIC AES ALGORITHM FOR AUTOMATIC EXTRACTION OF INFORMATIVE IMAGES FROM MEDICAL VIDEOS

**III. Faculty in which Ph.D. was awarded**

OTHERS

**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	27-01-2025	31-01-2025	0	0	5
VIVEKANANDHA INSTITUTE OF ENGINEERING AND TECHNOLOGY FOR WOMEN	ASSISTANT PROFESSOR	24-04-2009	31-05-2013	4	1	7
OTHERS - VIVEKANANDHA COLLEGE OF ARTS AND SCIENCES FOR WOMEN	ASSISTANT PROFESSOR	03-06-2013	24-01-2025	11	7	22
OTHERS - SELVAM ARTS AND SCIENCE FOR WOMEN	ASSISTANT PROFESSOR	02-06-2004	17-12-2007	3	6	16
<b>Total</b>				19	3	22

**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 :**

<b>Name of the College</b>	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
<b>Faculty ID</b>	295764
<b>Name of the Department</b>	MASTER OF COMPUTER APPLICATIONS
<b>Name of the Degree &amp; Course</b>	M.C.A.-MASTER OF COMPUTER APPLICATIONS
<b>Name of the faculty member</b>	DR. NANDHAKUMAR R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	3/63, PAVALATHANOR POST
Line 2	OMALUR TK
<b>District</b>	SALEM
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 7708999693
<b>Email</b>	NANDHAKUMAR.897@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BIXPR3246K
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44732625211
<b>Date of Birth</b>	07-06-1989
<b>Age</b>	35
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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	24-01-2025	0	5	30
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	14-06-2019	31-05-2022	2	11	17
<b>Total</b>				3	5	20

**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**

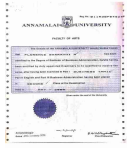



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of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



**Signature of the Faculty :**

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

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	23-01-2025	4	11	3
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
<b>Total</b>				22	11	19

**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 :**

<b>Name of the College</b>	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
<b>Faculty ID</b>	288117
<b>Name of the Department</b>	MASTER OF BUSINESS ADMINISTRATION
<b>Name of the Degree &amp; Course</b>	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
<b>Name of the faculty member</b>	DR. PRAKASH S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	46/6, RAJAGOUNDAMPALAYAM, SURIYAMPALAYAM PO
Line 2	TIRUCHENGODE TK - 637209
<b>District</b>	NAMAKKAL
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9942817715
<b>Email</b>	PRAKASHVICAS@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	ATRPP3805G
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	6133043
<b>Faculty code given by A.I.C.T.E.</b>	1-744639117
<b>Date of Birth</b>	05-01-1974
<b>Age</b>	50
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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	25-01-2025	0	6	30
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
<b>Total</b>				25	7	10

**V. Industrial Experience :**


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



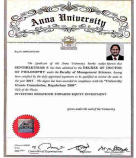
**VI. C.O.E. Appointment Experience :****Capacity at which service is extended for the conduct of Exmination during the last year**

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 :**

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

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	23-01-2025	11	8	2
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 TRANIER	07-09-2006	01-09-2008	1	11	25
<b>Total</b>				18	3	17

**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
<b>Total</b>					4	9	16

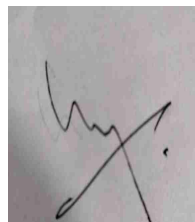
**VI. C.O.E. Appointment Experience :**


**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)
6			150	

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

**Signature of the Faculty :**



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

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 UNIVERISITY	ANNA UNIVERSITY	Y		

\* Upload Scanned copy of Original Degree Certificate.

**I.a. Additional Qualification :-** NO ADDITIONAL QUALIFICATION

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	23-01-2025	8	0	22
OTHERS - VINAYAGA MISSIONS	ASSISTANT PROFESSOR	01-09-2005	16-11-2005	0	2	16
<b>Total</b>				19	2	23

**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
<b>Total</b>					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 :**

<b>Name of the College</b>	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
<b>Faculty ID</b>	291814
<b>Name of the Department</b>	MASTER OF COMPUTER APPLICATIONS
<b>Name of the Degree &amp; Course</b>	M.C.A.-MASTER OF COMPUTER APPLICATIONS
<b>Name of the faculty member</b>	MRS. SENTHAMARASELVI S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	127 VINAYAGAR KOVIL STREET, MOOLAPALAYAM
Line 2	WARE HOUSE PARK SIDE
<b>District</b>	NAMAKKAL
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9843635530
<b>Email</b>	SUNRUKS_SETHU@YAHOO.CO.IN
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BGUPS5214F
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	6216106
<b>Faculty code given by A.I.C.T.E.</b>	1-9599572561
<b>Date of Birth</b>	03-06-1975
<b>Age</b>	49
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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	24-01-2025	5	6	24
<b>Total</b>				20	1	1

**V. Industrial Experience :**

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

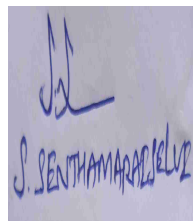
**VI. C.O.E. Appointment Experience :**

**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

<b>Name of the College</b>	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
<b>Faculty ID</b>	284451
<b>Name of the Department</b>	MASTER OF BUSINESS ADMINISTRATION
<b>Name of the Degree &amp; Course</b>	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
<b>Name of the faculty member</b>	MRS. SUGANYA S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	5/626, ODAKADU, KUMARAMNAGALAM
Line 2	TIRUCHENGODE - 637 205
<b>District</b>	NAMAKKAL
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 7401088183
<b>Email</b>	SUGANYASELLAMUTHU@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	CKNPS4786C
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	9506307
<b>Faculty code given by A.I.C.T.E.</b>	1-4642487524
<b>Date of Birth</b>	15-08-1986
<b>Age</b>	38
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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	24-01-2025	1	7	24
<b>Total</b>				<b>4</b>	<b>7</b>	<b>26</b>

**V. Industrial Experience :**

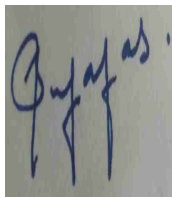
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


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



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
5			7	

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

Signature of the Faculty :



<b>Name of the College</b>	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
<b>Faculty ID</b>	302075
<b>Name of the Department</b>	MASTER OF COMPUTER APPLICATIONS
<b>Name of the Degree &amp; Course</b>	M.C.A.-MASTER OF COMPUTER APPLICATIONS
<b>Name of the faculty member</b>	MR. AROCKIYA RAJ J
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	16-15 MOTTANKURICHI
Line 2	KANNANKURUCHI, SALEM - 636 008
<b>District</b>	SALEM
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9003683781
<b>Email</b>	MCAVIIMS@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AKFPR7426N
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44239153334
<b>Date of Birth</b>	07-05-1974
<b>Age</b>	50
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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 JOSEPHS COLLEGE AUTONOMOUS	BHARATH IDASAN 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 - VIEKANANDHA EDUCATIONAL INSTITUTIONS	ASSISTANT PROFESSOR	28-04-2014	23-05-2020	6	0	26
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	07-01-2008	12-09-2009	1	8	6
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	01-08-2024	25-01-2025	0	5	25
VIVEKANANDHA INSTITUTE OF ENGINEERING AND TECHNOLOGY FOR WOMEN	ASSISTANT PROFESSOR	01-07-2011	25-04-2014	2	9	25
<b>Total</b>				12	10	14

**V. Industrial Experience :**

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

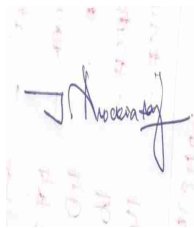
**VI. C.O.E. Appointment Experience :**


**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 :**



<b>Name of the College</b>	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
<b>Faculty ID</b>	277234
<b>Name of the Department</b>	MASTER OF BUSINESS ADMINISTRATION
<b>Name of the Degree &amp; Course</b>	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
<b>Name of the faculty member</b>	MS. SINTHUJA K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	1ST CROSS STREET, OPP TO CHURCH, DR SUBRAYAN ROAD
Line 2	MALLASAMUDRAM 637503
<b>District</b>	NAMAKKAL
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9940741909
<b>Email</b>	SINTHUJA.KATHIRVEL@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	JKHPS0076Q
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44069643708
<b>Date of Birth</b>	28-09-1996
<b>Age</b>	28
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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 - PETROCHEMICAL ENGINEERING	2018	S V S COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.75	FIRST CLASS	
P.G.	M.B.A.	OTHERS - HR AND MARKETING	2021	VIVEKANANDHA COLLEGE OF ENGINEERING FOR WOMEN (AUTONOMOUS)	ANNA UNIVERSITY	8.31	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	27-01-2025	28-01-2025	0	0	2
VIVEKANANDHA COLLEGE OF ENGINEERING FOR WOMEN (AUTONOMOUS)	ASSISTANT PROFESSOR	07-03-2023	25-01-2025	1	10	19
<b>Total</b>				<b>1</b>	<b>10</b>	<b>26</b>

**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**





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

**Signature of the Faculty :**



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

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	23-01-2025	5	4	1
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
<b>Total</b>				18	7	15

**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 :**



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

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	24-01-2025	2	4	27
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
<b>Total</b>				13	10	22

**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 : 

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

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	24-01-2025	1	4	14
OTHERS - VIVEKANANDHA COLLEGE OF ARTS AND SCIENCES FOR WOMEN	ASSISTANT PROFESSOR	01-11-2014	10-08-2021	6	9	10
<b>Total</b>				8	1	25

**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)
5				

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

**Signature of the Faculty :**



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

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	24-01-2025	1	4	5
<b>Total</b>				<b>1</b>	<b>4</b>	<b>7</b>

**V. Industrial Experience :**

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

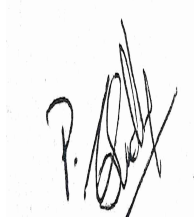
**VI. C.O.E. Appointment Experience :**


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




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

**Signature of the Faculty :**




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

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	23-01-2025	19	6	23
<b>Total</b>				24	6	15

**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**



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

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



**Signature of the Faculty :**

<b>Name of the College</b>	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
<b>Faculty ID</b>	280660
<b>Name of the Department</b>	MASTER OF BUSINESS ADMINISTRATION
<b>Name of the Degree &amp; Course</b>	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
<b>Name of the faculty member</b>	MR. ARAVINTH A
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	17/9 CHAIRMAN RAMANUJAM STREET
Line 2	KARUR - 639002
<b>District</b>	KARUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9944825547
<b>Email</b>	ARAVINTH.A26@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AWOPA2727L
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	613333038
<b>Faculty code given by A.I.C.T.E.</b>	1-44237646043
<b>Date of Birth</b>	26-08-1988
<b>Age</b>	36
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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	24-01-2025	1	8	22
OTHERS - VALLUVAR COLLEGE OF SCIENCE AND MANAGEMENT	ASSISTANT PROFESSOR	01-06-2018	30-11-2021	3	5	30
<b>Total</b>				<b>5</b>	<b>5</b>	<b>24</b>

**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**




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

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



**Signature of the Faculty :**

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

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	24-01-2025	3	2	29
MAHENDRA ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	14-06-2006	18-05-2007	0	11	5
OTHERS - K S R COLLEGE OF ARTS AND SCIENCEQ	ASSISTANT PROFESSOR	14-05-1999	31-03-2005	5	10	18
OTHERS - INC HYDRABAD	ASSISTANT PROFESSOR	07-06-2007	21-04-2009	1	10	15
OTHERS - INC HYDRABAD	ASSISTANT PROFESSOR	07-06-2007	21-04-2009	1	10	15
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
OTHERS - KANDASAMY KANDAR COLLEGE	ASSISTANT PROFESSOR	01-07-1998	13-05-1999	0	10	13
<b>Total</b>				19	8	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 :**

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

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	24-01-2025	1	9	4
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
OTHERS - P K N ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	01-06-2017	31-12-2020	3	6	30
<b>Total</b>				12	6	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) 6	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 : 

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

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	24-01-2025	1	4	10
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
<b>Total</b>				10	2	19

**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 :**

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

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	24-01-2025	2	4	18
<b>Total</b>				<b>4</b>	<b>1</b>	<b>5</b>

**V. Industrial Experience :**

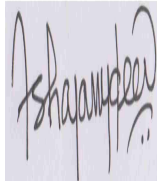
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

**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		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-colored background. The signature is written in a cursive style and appears to read "Ashampaka".

**Signature of the Faculty :**

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

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	24-01-2025	2	5	17
OTHERS - KAMADHENU ARTS AND SCIENCE COLLEGE SATHIYAMANGALAM	ASSISTANT PROFESSOR	04-08-2014	22-03-2019	4	7	19
<b>Total</b>				16	11	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 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 :**

