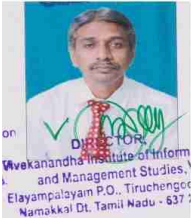








Anna University, Chennai
Vivekanandha Institute of Information and Management Studies - 6133

Consolidated_Report
13.faculty

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
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 MALLASAMUTHARAM POST
Line 2	TIRUCHENGODE TK , 637503
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9443316537
Email	MANLYMOHAN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AYAPM9220G
Passport Number	
Aadhar Number	381295185031
Faculty code given by C.O.E.	6133021
Faculty code given by A.I.C.T.E.	12923472641
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.	BUSINESS ADMINISTRATION	2010	OTHERS - MADURAI KAMARAJ UNIVERSITY	MADURAI KAMARAJ UNIVERSITY	Y		
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 ENGINEERING AND TECHNOLOGY FOR WOMEN	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	10-02-2024	3	1	28
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	PROFESSOR	06-04-2015	13-12-2020	5	8	8
VIVEKANANDHA INSTITUTE OF ENGINEERING AND TECHNOLOGY FOR WOMEN	PROFESSOR	04-02-2011	04-04-2015	4	2	1
SAPTHAGIRI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-08-2001	18-01-2005	3	5	18
Total				22	6	14

V. Industrial Experience :

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

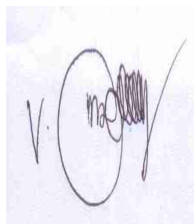
VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of 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.

Signature of the Faculty :



Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
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. PADMANABHAN K
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	A-40,ASHIKA ILLAM,GANGAI STREET,
Line 2	NEDUNCHALAI NAGAR,
District	SALEM
Telephone number	-
Mobile number	+91 - 9952665114
Email	PADMAINDIA75@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AXVPP3006H
Passport Number	
Aadhar Number	482059037967
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	14567421251
Date of Birth	08-03-1975
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 - SALEM SOWDES WARI COLLEGE	UNIVERSITY OF MADRAS	59	SECOND CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	1998	OTHERS - SALEM SOWDES WARI COLLEGE	UNIVERSITY OF MADRAS	68	FIRST CLASS	
PH.D.	PH.D.	COMPUTER APPLICATIONS	2015	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	Y		
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - COMPUTER APPLICATIONS	2003	OTHERS - MANONMANIAM SUNDARANAR UNIVERSITY	MANOMANIAM SUNDARANAR 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

ENERGY EFFICIENT DATA TRANSMISSION STRATEGIES FOR DYNAMIC CLUSTERED WIRELESS SENSOR NETWORKS

III. Faculty in which Ph.D. was awarded

FACULTY OF SCIENCE AND HUMANITIES

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 - GEMGATES ARTS AND SCIENCE COLLEGE	PRINCIPAL	28-05-2016	24-09-2018	2	3	28
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	PROFESSOR	26-11-2018	10-02-2024	5	2	15
EXCEL BUSINESS SCHOOL	ASSOCIATE PROFESSOR	25-07-2014	24-05-2016	1	9	31
OTHERS - AVS COLLEGE OF SCIENCE	OTHERS - LECTURER	21-06-1999	17-04-2001	1	9	27
OTHERS - VLB JANAKIAMMAL COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	18-05-2001	31-05-2004	3	0	14
MAHENDRA COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-06-2012	31-05-2013	0	11	27
S S M COLLEGE OF ENGINEERING	OTHERS - LECTURER	02-06-2004	31-01-2006	1	7	29
MUTHAYAMMAL ENGINEERING COLLEGE (MCA STAND ALONE)	ASSISTANT PROFESSOR	01-02-2006	31-05-2012	6	3	28
Total				23	2	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 :



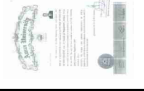

Capacity at which service is extended for the conduct of Exmination during the last year

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
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. MIYAL VAGANAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	34/3 MEENATCHI NAGAR, CHINNA THRIUPATHI
Line 2	SALEM - 8
District	SALEM
Telephone number	-
Mobile number	+91 - 8825827340
Email	MYILRV@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	CJMPPM6711P
Passport Number	
Aadhar Number	398898247175
Faculty code given by C.O.E.	6133012
Faculty code given by A.I.C.T.E.	1452870148
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 AND MARKETING	2000	OTHERS - VMKV ENGINEERING COLLEGE	PERIYAR UNIVERSITY	65	FIRST CLASS	
PH.D.	PH.D.	OTHERS - MANAGEMENT	2015	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	Y		
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MANAGEMENT	2007	OTHERS - CDE	PERIYAR UNIVERSITY	76	FIRST CLASS	

* 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	10-02-2024	7	1	9
OTHERS - VINAYAKAMISSESIONS	OTHERS - LECTURER	01-09-2005	16-11-2005	0	2	16
Total				18	3	11

V. Industrial Experience :

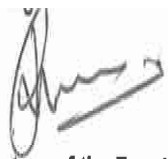
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
VMRF UNIVERSITY	EXECUTIVE	ADMINISTRAT ION	18-07-2003	31-08-2005	2	1	14
SOUTHERN AND STEEL COMPANY	GRADUATE TRAINEE	TRAINEE	01-12-1999	30-04-2000	0	4	31
CHENNAI PORT TRUST	GRADUATE TRAINEE	TRAINEE	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)
25		50	5000	500

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
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. KAMARAJ P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	MOLAPALAYAM ROU TOOR NO 44
Line 2	KANDASAMPALAYAM PO SIVAGIRI
District	ERODE
Telephone number	04204 - 240521
Mobile number	+91 - 9965608181
Email	KAMARAJMLP@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AWLPK4152E
Passport Number	
Aadhar Number	336184335738
Faculty code given by C.O.E.	6133018
Faculty code given by A.I.C.T.E.	12666985626
Date of Birth	10-12-1975
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 - CHIKKAIAH NAICKER COLLEGE	BHARATHIYAR UNIVERSITY	61	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	1998	OTHERS - SREEAMMAN ARTS SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	63	FIRST CLASS	
PH.D.	PH.D.	MASTER OF BUSINESS ADMINISTRATION	2012	OTHERS - GANDHIGRAM UNIVERSITY	OTHERS - GANDHIGRAM 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 STUDY ON MARKETING OF LIFE INSURANCE PRODUCTS IN ERODE DISTRICT

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 COLLEGE OF ENGINEERING FOR WOMEN (AUTONOMOUS)	ASSOCIATE PROFESSOR	27-08-2012	04-04-2015	2	7	9
OTHERS - SREE AMMAN ARTS SCIENCE COLLEGE	ASSISTANT PROFESSOR	27-01-2004	31-05-2004	0	4	5
OTHERS - NEHRU ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	13-06-2002	26-01-2004	1	7	14
OTHERS - CHERRAANS ARTS SCIENCE COLLEGE	ASSISTANT PROFESSOR	09-06-2004	28-02-2011	6	8	22
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSOCIATE PROFESSOR	06-04-2015	10-02-2024	8	10	5
Total				20	1	28

V. Industrial Experience :


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
KMS FASHIONS TIRUPPUR	HR EXECUTIVE	PAYROLL MAINTENANCE	06-01-1999	27-02-2002	3	1	22
Total					3	1	22

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.



Signature of the Faculty :

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
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, 636007
District	SALEM
Telephone number	-
Mobile number	+91 - 9840958615
Email	FLORENCE.BHARATHI@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	ABYPF2796F
Passport Number	
Aadhar Number	955155590781
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	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 MISSION KIRUPANT HAVARIYAR ENGINEERING COLLEGE	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	OTHERS - MPHIL	OTHERS - MANAGEMENT	2008	OTHERS - PERIYAR UNIVERSITY	PERIYAR UNIVERSITY	67	FIRST CLASS	
PH.D.	PH.D.	MASTER OF BUSINESS ADMINISTRATION	2018	OTHERS - MANONMANIAM SUNDARANAR UNIVERSITY	MANOMANIAM SUNDARANAR UNIVERSITY	69		

* 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	18-02-2023	2	11	27
MUTHAYAMMAL COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	14-06-2010	31-12-2016	6	6	17
OTHERS - AVS COLLEGE OF ARTS AND SCIENCE	OTHERS - LECTURER	09-07-2007	09-04-2009	1	9	1
OTHERS - KATPADI INDUSTRIAL INSTITUTE	OTHERS - INSTRUCTOR	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	OTHERS - LECTURER	01-06-2009	11-03-2010	0	9	11
Total				21	0	8

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) 10	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.


 (Dr. R. FLORENCE BHARATHI)

Signature of the Faculty :

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
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 NO10, LAKE BREEZE ROAD
Line 2	THAMARAI NAGAR
District	SALEM
Telephone number	-
Mobile number	+91 - 9944611965
Email	SANGEETHAGEMS@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	BQZPS1258Q
Passport Number	
Aadhar Number	308326534662
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
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 SALEM	OTHERS - MADRAS UNIVERSITY	78	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2002	OTHERS - VYSYA COLLEGE SALEM	PERIYAR UNIVERSITY	78	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MANAGEMENT	2012	OTHERS - VINAYAGA MISSIONS COLLEGE OF ARTS AND SCIENCE COLLEGE	PERIYAR 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	07-02-2024	0	4	23
OTHERS - SRI ARAVINDAR ARTS AND SCIENCE COLLEGE VELUR	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	01-04-2012	02-07-2012	0	3	2
Total				8	7	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)
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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
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. CHANDRAKALA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/116, KASANOOR, SHENGAMADEVI POST
Line 2	TIRUCHENGODE
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9677645819
Email	RCHANDRAKALA.01@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BFCPC4980H
Passport Number	
Aadhar Number	880846388950
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	14361662204
Date of Birth	09-05-1988
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 - CHEMISTRY	2008	OTHERS - AVINASHILINGAM UNIVERSITY FOR WOMEN	OTHERS - AVINASHILINGAM UNIVERSITY FOR WOMEN	80	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	VIVEKANANDHA ENGINEERING COLLEGE FOR WOMEN	ANNA UNIVERSITY	80	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2011	MAHENDRA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	93	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 - SREE SARASWATHI THYAGARAJA COLLEGE	ASSISTANT PROFESSOR	28-09-2020	19-07-2021	0	9	22
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	21-04-2023	07-02-2024	0	9	17
OTHERS - VIVEKANANDHA COLLEGE OF ARTS SCIENCES FOR WOMEN	ASSISTANT PROFESSOR	17-06-2014	27-09-2016	2	3	11
VIVEKANANDHA COLLEGE OF ENGINEERING FOR WOMEN (AUTONOMOUS)	ASSISTANT PROFESSOR	02-09-2011	28-12-2012	1	3	27
Total				5	2	19

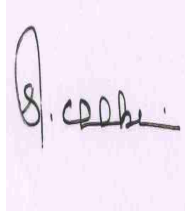
V. Industrial Experience :


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)	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
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 TK, NAMAKKAL DT
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 8760019217
Email	DHIVYARUBI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CIBPD3464L
Passport Number	
Aadhar Number	783065462452
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
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 SCIENCE COLLEGES 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	08-02-2024	0	4	28
OTHERS - VIVEKANANDHA COLLEGE OF ARTS AND SCIENCES FOR WOMEN TIRUCHENGODE	ASSISTANT PROFESSOR	01-11-2014	10-08-2021	6	9	10
Total				7	2	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 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
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, PACKIAM 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	
Aadhar Number	944521566740
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1434916145684
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	
OTHERS - M.PHIL	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	08-02-2024	0	9	18
OTHERS - S VELLAICHAMAY NADAR COLLEGE	ASSISTANT PROFESSOR	06-06-2007	31-05-2010	2	11	25
OTHERS - ULTRA ARTS AND 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				7	11	3

V. Industrial Experience :

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

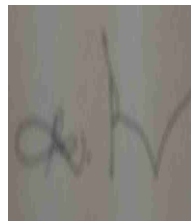
VI. C.O.E. Appointment Experience :


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 :



Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
Name of the Department	MATHEMATICS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	MRS. TAMILSELVI M S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	A304,NO2 82, GNALAM, ANTHARAPURAM
Line 2	NAGARKOVIL
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9551996621
Email	TAMILWILSON@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BBEPT2898B
Passport Number	
Aadhar Number	399711531555
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
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	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2008	OTHERS - SRI SARADHA COLLEGE FOR WOMEN	PERIYAR UNIVERSITY	76	FIRST CLASS	
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	09-02-2024	1	5	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
OTHERS - 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				12	11	8

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 :


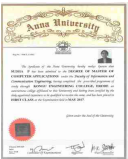
Capacity at which service is extended for the conduct of Exmination during the last year

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
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	SANKARI TK
District	SALEM
Telephone number	-
Mobile number	+91 - 8072891899
Email	SUDHAPALANISAMY@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	JBZPS7269L
Passport Number	
Aadhar Number	728111765910
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
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 AND TECHNOLOGY	2015	OTHERS - VIVEKANANDHA COLLEGE OF ARTS AND SCIENCES FOR WOMEN	PERIYAR UNIVERSITY	7.48	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2017	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.87	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	16-02-2024	0	4	27
Total				0	4	29

V. Industrial Experience :

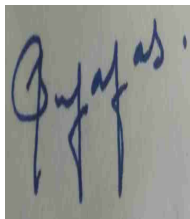
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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.

A handwritten signature in blue ink, appearing to read 'G. Jayas.', is positioned within a rectangular box. The signature is written in a cursive style.

Signature of the Faculty :


Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
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	17,3RD CROSS, SAMIYAPPA NAGAR,SEELANAIKENPATTI
Line 2	SALEM-636201
District	SALEM
Telephone number	-
Mobile number	+91 - 8610803373
Email	AKSHIDHARS0407@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BMAPK6789B
Passport Number	
Aadhar Number	909779698716
Faculty code given by C.O.E.	6133013
Faculty code given by A.I.C.T.E.	1452142435
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.SC.	OTHERS - PHYSICS	1995	OTHERS - HKRH COLLEGE	MADURAI KAMARAJ UNIVERSITY	71	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MANAGEMENT	2007	OTHERS - CDE	PERIYAR UNIVERSITY	72	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	1997	OTHERS - PSNA	MADURAI KAMARAJ UNIVERSITY	67	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- SLET

Score : 220

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	OTHERS - LECTURE	13-07-2000	30-06-2005	4	11	19
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSOCIATE PROFESSOR	01-07-2005	10-02-2024	18	7	10
Total				23	6	3

V. Industrial Experience :

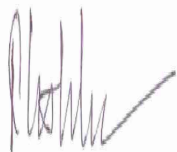
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


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 :



Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
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. ARUL J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	SEKKANKADU, VADUGAMPALAYAM, MINNAKKAL POST,
Line 2	VENNANDUR VIA, RASIPURAM
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9994108847
Email	ACTIVEARUL@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AJNPA7697M
Passport Number	
Aadhar Number	506267724930
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	14401923707
Date of Birth	27-07-1985
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.B.A.	BUSINESS ADMINISTRATION	2005	OTHERS - SENGUNTHAR ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSITY	63	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2007	OTHERS - KSR COLLEGE OF ARTS AND SCIENCE	PERIYAR UNIVERSITY	69	FIRST CLASS	
PH.D.	PH.D.	OTHERS - MARKETING	2014	OTHERS - BHARATHIAR UNIVERSITY	BHARATHIAR UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

IMPACT OF RETAIL MARKETING ON CONSUMER AND SMALL TRADERS IN COIMBATORE DISTRICT MANAGEMENT

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	26-11-2018	10-02-2024	5	2	15
MAHENDRA COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	23-05-2009	12-05-2015	5	11	21
OTHERS - CHARRAANS ARTS SCIENCE COLLEGE	OTHERS - VICE PRINCIPAL	19-04-2017	04-06-2017	0	1	16
TAGORE INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	13-05-2015	28-02-2017	1	9	19
OTHERS - KARPAGAM ACADEMY OF HIGHER EDUCATION	ASSISTANT PROFESSOR	05-06-2017	30-04-2018	0	10	26
TAGORE INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSOCIATE PROFESSOR	01-03-2017	18-04-2017	0	1	18
Total				14	1	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 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
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. SASIKUMAR K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	15,ODAKATTU VALASU,
Line 2	GOUNDACHIPALAYAM,
District	ERODE
Telephone number	-
Mobile number	+91 - 8695596138
Email	SKNICE2006@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CVEPS3242M
Passport Number	
Aadhar Number	666733895231
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	14401634480
Date of Birth	30-03-1987
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.SC.	OTHERS - BIO TECHNOLOGY	2007	OTHERS - KSR COLLEGE OF ARTS AND SCIENCE	PERIYAR UNIVERSITY	71	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2010	OTHERS - ANNA UNIVERSITY OF TECHNOLOGY COIMBATORE	ANNA UNIVERSITY	81	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
TAMILNADU COLLEGE OF ENGINEERING	OTHERS - LECTURER	29-06-2011	28-02-2015	3	8	2
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	26-11-2018	10-02-2024	5	2	15
OTHERS - KSR COLLEGE OF ARTS AND SCIENCE	ASSISTANT PROFESSOR	01-07-2015	03-07-2018	3	0	3
TAMILNADU COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-03-2015	30-06-2015	0	3	31
Total				12	2	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 : 

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
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	ASSISTANT PROFESSOR
Residential Address Line 1	5/46 NGGO COLONY SALEM ROAD NAMAKKAL
Line 2	637001
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 6379542255
Email	SHIVANINKL@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CFJPS5632A
Passport Number	
Aadhar Number	631673349176
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	17427686760
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	ARULMIGU MEENAKSHI AMMAN COLLEGE OF ENGINEERING	UNIVERSITY OF MADRAS	58	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2002	OTHERS - VINAYAGAN INSTITUTE OF MANAGEMENT STUDIES	PERIYAR UNIVERSITY	67	FIRST CLASS	
PH.D.	PH.D.	MASTER OF BUSINESS ADMINISTRATION	2017	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	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

A STUDY ON CRM PRACTICES OF THE COMMERCIAL 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	ASSISTANT PROFESSOR	23-09-2019	10-02-2024	4	4	18
KING COLLEGE OF TECHNOLOGY	ASSOCIATE PROFESSOR	16-04-2016	30-04-2019	3	0	15
ANNAI MATHAMMAL SHEELA ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	08-09-2014	28-07-2015	0	10	21
ANNAI MATHAMMAL SHEELA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-07-2006	01-06-2007	0	10	30
BRAHMA SCHOOL OF BUSINESS (STAND ALONE)	ASSISTANT PROFESSOR	02-07-2012	14-06-2014	1	11	13
MUTHAYAMMAL COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-07-2007	30-04-2008	0	9	30
SELVAM COLLEGE OF TECHNOLOGY	ASSISTANT PROFESSOR	02-06-2008	31-03-2012	3	9	29
Total				15	10	12

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
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, WAREHOUSE GODOWN BACKSIDE, MOOLAPPALAYAM
Line 2	ERODE, 638002
District	ERODE
Telephone number	-
Mobile number	+91 - 9843635530
Email	SUNRUKS_SENTHU@YAHOO.CO.IN
Gender	FEMALE
Community	BC
PAN Number	BGUPS5214F
Passport Number	
Aadhar Number	616056805461
Faculty code given by C.O.E.	6216106
Faculty code given by A.I.C.T.E.	19599572561
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.	OTHERS - M.PHIL	OTHERS - COMPUTER SCIENCE	2004	OTHERS - MOTHER TERESA WOMENS UNIVERSITY	MOTHER TERESA WOMENS UNIVERSITY	59.7	SECOND CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	1999	OTHERS - VELLALAR COLLEGE FOR WOMEN	BHARATHIYAR UNIVERSITY	62	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
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 COLLEGE FOR WOMEN	OTHERS - LECTURER	23-06-1999	31-03-2000	0	9	8
OTHERS - BHARATHIDASAN COLLEGE OF ARTS AND SCIENCE	OTHERS - LECTURER	20-06-2000	15-07-2002	2	0	26
S S M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	17-07-2002	29-04-2007	4	9	13
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	10-02-2024	4	7	10
Total				19	1	18

V. Industrial Experience :

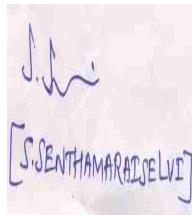
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


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)
8				

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
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. AROCKIA RAJ J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	21-A, SND FIRST CROSS, MANICKKAM ILLAM
Line 2	TIRUCHENGODE
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9003683781
Email	MCAVIIMS@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AKFPR7426N
Passport Number	
Aadhar Number	620738699062
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1742483852
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	MADURAI KAMARAJ UNIVERSITY	87.21	DISTINCTION	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2005	OTHERS - ALAGAPPA UNIVERSITY	ALAGAPPA UNIVERSITY	62	FIRST CLASS	
P.G.	M.SC.	OTHERS - PSYCHOLOGY	2009	OTHERS - TAMILNADU OPEN UNIVERSITY	OTHERS - TAMILNADU OPEN UNIVERSITY	75	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2001	OTHERS - ST JOSEPHS	BHARATHI DASAN UNIVERSITY	74.47	FIRST CLASS	
OTHERS - MD	OTHERS - MD	OTHERS - ACUPUNCTURE	2011	OTHERS - AROCKYA HEALTH CENTER	OTHERS - SRILANKAN OPEN UNIVERSITY	Y	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 - IBMR	OTHERS - LECTURER	26-08-2005	03-02-2007	1	5	9
OTHERS - ST XAVIERS COLLEGE	OTHERS - LECTURER	20-06-2001	13-08-2005	4	1	24
OTHERS - VIVEKANADHA COLLEGE OF ARTS AND SCIENCES FOR WOMEN	ASSISTANT PROFESSOR	14-09-2009	16-06-2011	1	9	3
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSOCIATE PROFESSOR	11-06-2012	10-02-2024	11	7	30
OTHERS - ICFAI ACADEMY	OTHERS - LECTURER	09-02-2007	31-12-2007	0	10	20
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	07-01-2008	13-09-2009	1	8	7
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	01-07-2011	10-06-2012	0	11	10
Total				22	6	18

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
ELECTROMATI ON DEVICES LTD PUNE	ADMINISTRATOR AND HR	ADMINISTRATION	02-09-2005	08-12-2006	1	3	7
Total					1	3	8


VI. C.O.E. Appointment Experience :

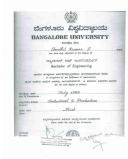

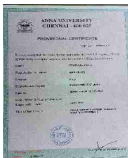
Capacity at which service is extended for the conduct of Exmination during the last year

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
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	ASSISTANT PROFESSOR
Residential Address Line 1	15, BARANI NAGAR, MOHANUR ROAD, NAMAKKAL
Line 2	637001
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9842007699
Email	SENTHILMNS66@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AWTPS1830M
Passport Number	
Aadhar Number	894717985742
Faculty code given by C.O.E.	6133017
Faculty code given by A.I.C.T.E.	1757782787
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	1998	OTHERS - BMS COLLEGE OF ENGINEERING BANGALORE	OTHERS - BANGALORE UNIVERSITY	64	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	10-02-2024	10	8	20
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	16-05-2011	21-05-2013	2	0	6
PAAVAI ENGINEERING COLLEGE (AUTONOMOUS)	OTHERS - PLACEMENT AND TRAINING OFFICER	10-09-2008	20-04-2011	2	7	11
SELVAM COLLEGE OF TECHNOLOGY	OTHERS - PLACEMENT AND TRAINING OFFICER	07-09-2006	01-09-2008	1	11	25
Total				17	4	5

V. Industrial Experience :

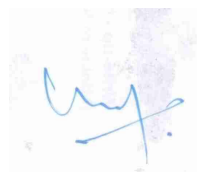
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
MRF	SENIOR INDUSTRIAL ENGINEER	INDUSTRIAL ENGINEER	20-10-1990	01-08-1995	4	9	13
Total					4	9	16

VI. C.O.E. Appointment Experience :

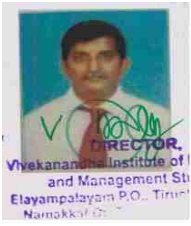
Capacity at which service is extended for the conduct of Exmination during the last year




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
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 VENGAMEDU
Line 2	POTHANUR P VELUR
District	NAMAKKAL
Telephone number	04268 - 222923
Mobile number	+91 - 9842550727
Email	GANSAABINC@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	AIJPG4058K
Passport Number	
Aadhar Number	378802681266
Faculty code given by C.O.E.	6133034
Faculty code given by A.I.C.T.E.	19633659628
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
VIVEKANANDA INSTITUTE OF MANAGEMENT STUDIES	ASSISTANT PROFESSOR	27-10-2021	20-02-2023	1	3	25
MAHENDRA ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	14-06-2006	18-05-2007	0	11	5
SELVAM COLLEGE OF TECHNOLOGY	ASSISTANT PROFESSOR	02-07-2015	31-12-2015	0	5	30
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				7	3	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 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
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,NAMBIYUR
Line 2	638458
District	ERODE
Telephone number	-
Mobile number	+91 - 9486184223
Email	GAYUVADIVEL@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CRBPG1420Q
Passport Number	
Aadhar Number	373365959035
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
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 COLLEGE TIRUCHENGODE	UNIVERSITY OF MADRAS	77	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2002	OTHERS - ALAMELU ANGALAM MAN COLLEGE FOR WOMEN KOMARAPALAYAM	PERIYAR UNIVERSITY	74	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - COMPUTER SCIENCE	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	ASSISTANT PROFESSOR	16-12-2002	19-12-2011	9	0	4
OTHERS - P K R ARTS COLLEGE FOR WOMEN GOBI	ASSISTANT PROFESSOR	14-06-2012	30-04-2013	0	10	17
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	08-08-2022	10-02-2024	1	6	3
OTHERS - KAMADHENU ARTS AND SCIENCE COLLEGE ERODE	ASSISTANT PROFESSOR	04-08-2014	22-03-2019	4	7	19
Total				16	0	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 : 

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
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. HAJA MYDEEN 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	HAJAMYDEEN.MANAGEMENT.HRM2020@GMAIL.COM
Gender	MALE
Community	OTHERS - BCM
PAN Number	BCDPH1531B
Passport Number	Z2110587
Aadhar Number	224993086627
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143441861074
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 - JAMAL MOHAMED COLLEGE TRICHY	BHARATHIDASAN UNIVERSITY	58	SECOND CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MANAGEMENT	2007	OTHERS - ALAGAPPA UNIVERSITY KARAIKUDI	ALAGAPPA UNIVERSITY	55	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2003	OTHERS - THANTHAI HANS ROEVER COLLEGE PERAMBALUR	BHARATHIDASAN UNIVERSITY	71	FIRST CLASS	
OTHERS - B.ED	OTHERS - B.ED	OTHERS - MANAGEMENT	2016	ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	73	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 - MUTHAYAMMAL MEMORIAL COLLEGE OF ARTS AND SCIENCE	ASSISTANT PROFESSOR	16-10-2020	31-08-2022	1	10	16
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	07-09-2022	10-02-2024	1	5	4
Total				3	3	22

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
KNPC ABJ ENGINEERING AND CONTRACTING CO KSC KUWAIT	PROJECT CONTROLLER	SENIOR ACCOUNTANT	16-04-2012	29-08-2014	2	4	14
AAMAR TRAVEL AND TOURISM KUWAIT	ACCOUNTANT	ACCOUNTANT	15-06-2004	12-02-2007	2	7	28
KANA MEDICAL INTERNATIONAL CO KUWAIT	SENIOR ACCOUNTANT	ACCOUNTANT	10-09-2014	08-03-2019	4	5	29
ABYAAR REAL ESTATE DEVELOPMENT CO KUWAIT	ACCOUNTANT	ACCOUNTANT	05-03-2007	30-03-2012	5	0	26
Total					14	7	8

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.



Signature of the Faculty :

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
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. SENTHILKUMAR P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/396 NADAR STREET
Line 2	KUMARAMANGALAM
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9688842401
Email	MBAPRINCIPAL@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	DRPPS3535D
Passport Number	
Aadhar Number	978265732502
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	19508351195
Date of Birth	18-04-1984
Age	40
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
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	MAHABARATHI ENGINEERING COLLEGE	ANNA 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	10-03-2021	10-02-2024	2	11	1
Total				2	11	6

V. Industrial Experience :

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

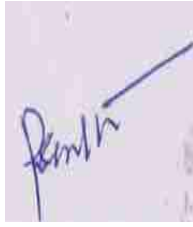
VI. C.O.E. Appointment Experience :


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


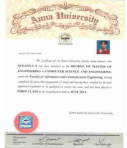

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of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

Signature of the Faculty :

A handwritten signature in blue ink, appearing to be 'Pankaj', is written on a light purple background. The signature is cursive and includes a long horizontal stroke extending to the right.

Name of the College	6133 - VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
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, KUMARAMANGALAM
Line 2	NAMAKKAL MAIN ROAD, TIRUCHENGODE - 637 205
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9942015555
Email	SUGANYASELLAMUTHU@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CKNPS4786C
Passport Number	
Aadhar Number	224208318263
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
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 - INFORMATION TECHNOLOGY	2008	OTHERS - AVINASHILINGAM UNIVERSITY	OTHERS - AVINASHILINGAM UNIVERSITY DEEMED UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	SARDAR RAJA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.B.A.	OTHERS - FINANCE MARGETTI NG	2010	OTHERS - D J ACADEMY FOR MANAGERIAL EXCELLANCE COIMBATORE	BHARATHI DASAN UNIVERSITY	65	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	09-07-2020	2	0	5
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	01-06-2023	05-02-2024	0	8	5
Total				3	8	11

V. Industrial Experience :

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

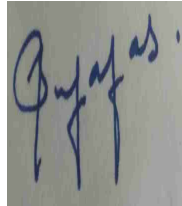
VI. C.O.E. Appointment Experience :


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
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 - 639 002
District	KARUR
Telephone number	-
Mobile number	+91 - 9944825547
Email	ARAVINTH.A26@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AWOPA2727L
Passport Number	
Aadhar Number	330294767647
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
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 - KANDASAMI KANDAR COLLEGE NAMAKKAL	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 KARUR	ASSISTANT PROFESSOR	23-01-2023	21-04-2023	0	2	30
VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES	ASSISTANT PROFESSOR	03-05-2023	05-02-2024	0	9	3
OTHERS - VALLUVAR COLLEGE OF SCIENCE AND MANAGEMENT	ASSISTANT PROFESSOR	01-06-2018	30-11-2021	3	5	30
Total				4	6	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 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 :

