








**Anna University, Chennai**  
**Sri Venkateswara Institute of Information Technology and Management - 7230**

**13. Faculty**

<b>Name of the College</b>	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
<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. ALEX RAJESH G
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	PRINCIPAL
<b>Residential Address</b> Line 1	SARASWATHY NAGAR
Line 2	KOVAI PUDUR 641042
<b>District</b>	COIMBATORE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9842721435
<b>Email</b>	DRGALEXRAJESH@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AYXPA1807C
<b>Passport Number</b>	
<b>Aadhar Number</b>	855003773065
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	25-06-1976
<b>Age</b>	47
<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 - AV COLLEGE	MADURAI KAMARAJ UNIVERSITY	48	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2002	OTHERS - RVSIMSR COLLEGE	BHARATHI YAR UNIVERSITY	56	FIRST CLASS	
PH.D.	PH.D.	MASTER OF BUSINESS ADMINISTRATION	2011	OTHERS - BHARATHI DASAN UNIVERSITY	BHARATHI DASAN UNIVERSITY	60		
OTHERS - MPHIL	OTHERS - MPHIL	BUSINESS ADMINISTRATION	2005	OTHERS - ALAGAPPA UNIVERSITY	ALAGAPPA UNIVERSITY	63	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

A STUDY OF OCCUPATIONAL STRESS EXPERIENCED BY HIGHER SECONDARY SCHOOL TEACHERS OF THANJAVUR

**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
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	PRINCIPAL	30-08-2021	28-05-2023	1	8	30
OTHERS - PR INSTITUTION	ASSISTANT PROFESSOR	23-12-2002	31-05-2008	5	5	9
OTHERS - CMS INSTITUTE OF MANAGEMENT STUDIES	PROFESSOR	16-11-2019	08-03-2021	1	3	23
SUDHARSAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	09-06-2008	03-02-2011	2	7	25
NEHRU INSTITUTE OF MANAGEMENT STUDIES	PROFESSOR	06-06-2011	29-10-2019	8	4	24
<b>Total</b>				19	6	24

**V. Industrial Experience :**

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

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


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




AUR (No. of days) 100	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>	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
<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. RAMESH KUMAR N
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	PROFESSOR
<b>Residential Address</b> Line 1	191 B VENKATATHAMPATTI ROAD
Line 2	UTHANGARAI
<b>District</b>	KRISHNAGIRI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9442606585
<b>Email</b>	RAMESHMBA06@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	ANEPR7338H
<b>Passport Number</b>	
<b>Aadhar Number</b>	996923757405
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	05-05-1982
<b>Age</b>	41
<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	2003	OTHERS - SRI VIDYA MANDHIR ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSITY	60	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2006	OTHERS - VYSYA INSTITUTE OF MANAGEMENT STUDIES	PERIYAR UNIVERSITY	63	FIRST CLASS	
PH.D.	PH.D.	MASTER OF BUSINESS ADMINISTRATION	2018	OTHERS - BHARATHIYAR UNIVERSITY	BHARATHIYAR 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 CUSTOMERS ATTITUDE TOWARDS ORGANISED RETAIL SECTOR WITH SPECIAL REFERENCE TO GROSARY RETAILS OUTLETS IN COIMBATORE 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
NEHRU INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	15-07-2019	30-06-2021	1	11	17
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	PROFESSOR	04-04-2022	28-05-2023	1	1	25
NEHRU INSTITUTE OF MANAGEMENT STUDIES	ASSOCIATE PROFESSOR	03-09-2007	14-07-2019	11	10	12
OTHERS - PERIYAR MANIMAI INSTITUTE OF SCIENCE AND TECHNOLOGY	ASSISTANT PROFESSOR	02-07-2021	12-03-2022	0	8	11
<b>Total</b>				15	8	10

**V. Industrial Experience :**


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
INDICAL CHEMICAL AND MINERAL	SALES EXECUTIVE	SALES EXECUTIVE	02-05-2006	01-09-2007	1	3	31
<b>Total</b>					1	4	2


**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>	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
<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. VIMALA KV
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	SOPANAM NEAR YAKARA TELEPHONE EXCHAGE
Line 2	PALAKKAD 678701
<b>District</b>	OTHERS - PALLAKKAD KERALA
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8825864618
<b>Email</b>	SUBIRAKESH@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	OC
<b>PAN Number</b>	AIHPV0201H
<b>Passport Number</b>	
<b>Aadhar Number</b>	521035245779
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	17-10-1982
<b>Age</b>	41
<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	2003	OTHERS - CALICUT UNIVERSITY	OTHERS - CALICUT UNIVERSITY	48	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2005	OTHERS - BHARATHIYAR UNIVERSITY	BHARATHIYAR UNIVERSITY	57	FIRST CLASS	
P.G.	OTHERS - MPHIL	OTHERS - MARKETING	2014	OTHERS - BHARATHIYAR UNIVERSITY	BHARATHIYAR UNIVERSITY	Y	FIRST CLASS	
PH.D.	PH.D.	OTHERS - MARKETING	2021	OTHERS - BHARATHIYAR UNIVERSITY	BHARATHIYAR 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 THE INFLUENCE OF CUSTOMER RELATIONSHIP MANAGEMENT ON SERVICE QUALITY AND CUSTOMER LOYALTY A STUDY CONDUCTED AMONG HOTELS IN TAMIL NADU AND KERALA

**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
CMS COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-09-2019	31-12-2020	1	3	29
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSISTANT PROFESSOR	02-03-2021	28-05-2023	2	2	27
NEHRU INSTITUTE OF MANAGEMENT STUDIES	ASSISTANT PROFESSOR	01-06-2010	30-08-2019	9	2	29
<b>Total</b>				12	9	28

**V. Industrial Experience :**

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


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




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

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

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>	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
<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. SATHIYASEELAN SHANMUGAM
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	CD 605, KGISL METRO POLIS, SARAVANAMPATTI PO
Line 2	KEERANATHAM VILLAGE- 641035
<b>District</b>	COIMBATORE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9578998989
<b>Email</b>	DRSATHYA@OUTLOOK.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BTHPS4029Q
<b>Passport Number</b>	0000000
<b>Aadhar Number</b>	868737053713
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	10-02-1987
<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.	OTHERS - BBM	OTHERS - BUSINESS MANAGEMENT	2007	OTHERS - GOBI ARTS COLLEGE	BHARATHIYAR UNIVERSITY	65	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2009	OTHERS - ICFAI BUSINESS SCHOOL	OTHERS - IBS	60	FIRST CLASS	
PH.D.	PH.D.	MASTER OF BUSINESS ADMINISTRATION	2018	OTHERS - BHARATHIYAR	BHARATHIYAR UNIVERSITY	Y		

\* Upload Scanned copy of Original Degree Certificate.

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

Score : 00

File :

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

A STUDY ON SERVICE QUALITY GAP BETWEEN GOVERNMENT AND PRIVATE PROMOTER SPECIAL ECONOMIC ZONES A STUDY CONDUCTED AMONG IT AND ITES-RELATED EMPLOYEES

**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
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSOCIATE PROFESSOR	02-05-2016	28-05-2023	7	0	27
<b>Total</b>				7	0	27

**V. Industrial Experience :**

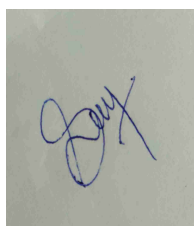
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
KGISL GROUP OF COMPANIES	SR OFFICER AT MARKETTING	MARKETING	09-06-2009	12-04-2016	6	10	4
<b>Total</b>					6	10	8

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


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


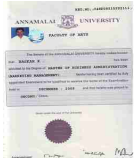

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)

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



**Signature of the Faculty :**

<b>Name of the College</b>	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
<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. BASKAR K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	5/61 OOMIYAMPATTY MANGALAM POST
Line 2	ATTAIAMPATTI TIRUCHENGODE TALUK 637501
<b>District</b>	NAMAKKAL
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9342486997
<b>Email</b>	BASKARROYALS7@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AWFPB1196F
<b>Passport Number</b>	
<b>Aadhar Number</b>	525917396309
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	24-06-1980
<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.B.A.	BUSINESS ADMINISTRATION	2002	OTHERS - PERIYAR UNIVERSITY	PERIYAR UNIVERSITY	55	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2008	OTHERS - ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	59	SECOND CLASS	
PH.D.	PH.D.	BUSINESS ADMINISTRATION	2016	OTHERS - ANNAMAL AI UNIVERSITY	ANNAMAL AI 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 SOCIO ECONOMICS OF FISHER FOLK AND FISH MARKETING PRACTICES IN NAGAPATINAM

**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
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSOCIATE PROFESSOR	05-03-2019	28-05-2023	4	2	24
<b>Total</b>				4	2	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**

<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>
----------------------------------	---	--	--	---




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>	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
<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. ANAND CHRISTOPHER J
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	3/6 KAMARAJ STREET KALUGUMALAI
Line 2	THOOTHUKKUDI 628552
<b>District</b>	THOOTHUKUDI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9486901185
<b>Email</b>	ANANDCHRISTOBER.J@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AUWPA8140K
<b>Passport Number</b>	
<b>Aadhar Number</b>	867791894239
<b>Faculty code given by C.O.E.</b>	AU1
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	01-01-1985
<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.B.A.	BUSINESS ADMINISTRATION	2005	OTHERS - SRI KALAISWARI COLLEGE	MADURAI KAMARAJ UNIVERSITY	65	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2007	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA UNIVERSITY	58	SECOND CLASS	
PH.D.	PH.D.	MASTER OF BUSINESS ADMINISTRATION	2019	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA 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 INFLUENCE OF ADVERTISEMENT ON BUYING BEHAVIOUR WITH SPECIAL REFERENCE TO SMART PHONE

**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
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSOCIATE PROFESSOR	01-03-2010	08-03-2023	13	0	8
<b>Total</b>				13	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**



<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>
----------------------------------	---	--	--	---

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>	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
<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. MANOKARAN N
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	277/B, KNG PUDUR GN MILLS
Line 2	COIMBATORE 641029
<b>District</b>	COIMBATORE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9894271123
<b>Email</b>	NEHRUMANO@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	ASOPM9993N
<b>Passport Number</b>	
<b>Aadhar Number</b>	912613456951
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	23-06-1985
<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.COM.	COMMERCE	2006	OTHERS - CMS COLLEGE OF ARTS AND SCIENCE	BHARATHIYAR UNIVERSITY	49	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2008	SRI RAMAKRISHNA INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA 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
NEHRU INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-06-2011	28-05-2023	11	11	27
<b>Total</b>				11	11	2

**V. Industrial Experience :**

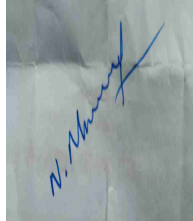
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
SAKTHI MARKETTING PRIVATE LIMITED	SALES MANAGER	SALES	02-06-2008	10-05-2011	2	11	9
<b>Total</b>					2	11	13


**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>
45				

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>	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
<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. ASWANTHER S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	B2 SWAGATH RESIDENCY
Line 2	ANNA NAGAR 625020
<b>District</b>	MADURAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9597228976
<b>Email</b>	ASWANTHER.S@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AVTPA8521E
<b>Passport Number</b>	
<b>Aadhar Number</b>	762373744668
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	
<b>Date of Birth</b>	19-12-1991
<b>Age</b>	32
<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
P.G.	M.SC.	OTHERS - COMPUTER SCIENCE	2014	BANNARIAMMAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	66	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2016	OTHERS - JOHNSON SCHOOL OF BUSINESS	BHARATHIYAR 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
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSISTANT PROFESSOR	17-12-2019	28-05-2023	3	5	12
<b>Total</b>				<b>3</b>	<b>5</b>	<b>14</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>
----------------------------------	---	--	--	---



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>	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
<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. TRESA J
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	BHARATHI STREET 5 NETHAJI NAGAR
Line 2	RAMANATHAPURAM 641018
<b>District</b>	COIMBATORE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9789735607
<b>Email</b>	TRESAGRACE@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	AKJPT3376R
<b>Passport Number</b>	121545121
<b>Aadhar Number</b>	322828242645
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	10-01-1989
<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	2009	OTHERS - NIRMALA COLLEGE FOR WOMEN	BHARATHIYAR UNIVERSITY	65	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2011	ST JOSEPH'S INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	BHARATHIDASAN UNIVERSITY	85	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score : 000

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
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSISTANT PROFESSOR	18-07-2011	28-05-2023	11	10	11
<b>Total</b>				11	10	16

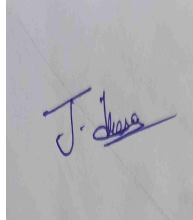
**V. Industrial Experience :**

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>
----------------------------------	---	--	--	---

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>	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
<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. ABIJITH KRISHNA CP
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	CHUNDHATHPALOTTIL PALODE
Line 2	THACHANATTUKARI 678583
<b>District</b>	OTHERS - PALAKKAD
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9747493796
<b>Email</b>	ABIJITHKRISHNA1996@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	OC
<b>PAN Number</b>	DXBPP2499R
<b>Passport Number</b>	
<b>Aadhar Number</b>	743425461080
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	20-11-1996
<b>Age</b>	27
<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	2017	OTHERS - UNIVERSITY OF CALICUT	OTHERS - UNIVERSITY OF CALICUT	55	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2019	OTHERS - NEHRU COLLEGE OF MANAGEMENT	BHARATHIYAR UNIVERSITY	63	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
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSISTANT PROFESSOR	08-03-2021	28-05-2023	2	2	21
<b>Total</b>				2	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 :**

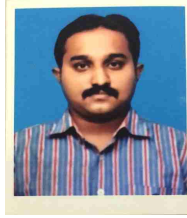
**Capacity at which service is extended for the conduct of Exmination during the last year**



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)
-------------------	----------------------------	---	---	--

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>	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
<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. MARIO DENNIS J
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	69/1 CHRUCH STREET 6TH CROSS
Line 2	641035
<b>District</b>	COIMBATORE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 6374777134
<b>Email</b>	MARIO.DENNIZ@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BMWPM4966L
<b>Passport Number</b>	
<b>Aadhar Number</b>	464922331163
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	26-05-1987
<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.COM.	COMMERCE	2009	OTHERS - THIRUVAL LYUVAR UNIVERSITY	THIRUVAL LYUVAR UNIVERSITY	63	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2011	OTHERS - BHARATHI DASAN UNIVERSITY	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
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSISTANT PROFESSOR	15-05-2023	28-05-2023	0	0	14
<b>Total</b>				0	0	14

**V. Industrial Experience :**

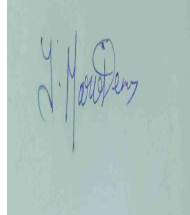
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
AMOGHA SETTING NEW STANDARDS	ASST BRANCH MANAGER	BRANDING	02-08-2018	11-03-2019	0	7	10
ASIAN PAINTS	SALES EXECUTIVE	SALES AND MARKETTING	02-07-2012	09-03-2018	5	8	8
<b>Total</b>					6	3	19




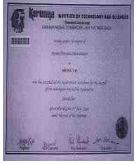
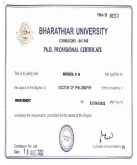
**VI. C.O.E. Appointment Experience :****Capacity at which service is extended for the conduct of Exmiation during the last year**

<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>
----------------------------------	---	--	--	---

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>	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
<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. ANUSHIA PM
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	9 5TH CROSS STREET 1ST MAIN ROAD
Line 2	THENDRAL NAGAR WEST THIRUVALUR 600062
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9500038097
<b>Email</b>	ANUSHIA.PM@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	ALFPA9243H
<b>Passport Number</b>	
<b>Aadhar Number</b>	798369525948
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	15-05-1984
<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.B.A.	BUSINESS ADMINISTRATION	2004	OTHERS - ANNAI THERSA WOMENS UNIVERSITY	OTHERS - ANNAI THERSA WOMENS UNIVERSITY	60	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2006	OTHERS - KARUNYA INSTITUTE OF TECHNOLOGY AND SCIENCE	OTHERS - KARUNYA UNIVERSITY	63	FIRST CLASS	
PH.D.	PH.D.	MASTER OF BUSINESS ADMINISTRATION	2022	OTHERS - NEHRU COLLEGE OF MANAGEMENT	BHARATHIYAR UNIVERSITY	Y		

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

FACULTY OF 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
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSISTANT PROFESSOR	15-05-2023	28-05-2023	0	0	14
<b>Total</b>				0	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)
----------------------	-------------------------------	---	---	--

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>	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
<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. UMAMAHESWARI L
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	143, BALAJI NAGAR
Line 2	SIDHAPUDUR - 641044
<b>District</b>	COIMBATORE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9894338788
<b>Email</b>	UMAMAHESWARIL@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	ADMPU3204D
<b>Passport Number</b>	
<b>Aadhar Number</b>	684934575750
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	
<b>Date of Birth</b>	01-07-1976
<b>Age</b>	47
<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	1997	OTHERS - SRI RAMAKRISHNA COLLEGE OF ARTS AND SCIENCE	BHARATHIYAR UNIVERSITY	52	SECOND CLASS	
P.G.	OTHERS - M.COM	OTHERS - COMMERCE	1999	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	50	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2005	OTHERS - ALAGAPPA UNIVERSITY	ALAGAPPA 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
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSISTANT PROFESSOR	12-04-2013	28-05-2023	10	1	17
<b>Total</b>				<b>10</b>	<b>1</b>	<b>17</b>

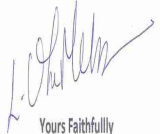
**V. Industrial Experience :**

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>
----------------------------------	---	--	--	---

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



Yours Faithfully

**Signature of the Faculty :**

