

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

13. Faculty

e of the College e of the Department e of the Degree & Course e of the faculty member	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT MASTER OF BUSINESS ADMINISTRATION M.B.AMASTER OF BUSINESS ADMINISTRATION DR. ALEX RAJESH G Regular
e of the Degree & Course e of the faculty member Ilar Or Adjunct	M.B.AMASTER OF BUSINESS ADMINISTRATION DR. ALEX RAJESH G
e of the faculty member Ilar Or Adjunct	DR. ALEX RAJESH G
ular Or Adjunct	
	Regular
Je	
ent Designation	PRINCIPAL
dential Address	SARASWATHY NAGAR
2 F	KOVAI PUDUR 641042
rict	COIMBATORE
phone number -	-
ile number -	+91 - 9842721435
il I	DRGALEXRAJESH@GMAIL.COM
ler	MALE
munity	ВС
Number A	AYXPA1807C
port Number	
nar Number 8	855003773065
lty code given by C.O.E.	
lty code given by A.I.C.T.E.	AU1
of Birth 2	25-06-1976
	47
rticulars of Educational Qualification : (only com	pleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - CHEMISTR Y	1996	OTHERS - AV COLLEGE	MADURAI KAMARAJ UNIVERSI TY	48	SECOND CLASS	Raberta Ramoud University Martin Same Control of the Control of t
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2002	OTHERS - RVSIMSR COLLEGE	BHARATHI YAR UNIVERSI TY	56	FIRST CLASS	The state of the s
PH.D.	PH.D.	MASTER OF BUSINESS ADMINIST RATION	2011	OTHERS - BHARATHI DASAN UNIVERSI TY	BHARATHI DASAN UNIVERSI TY	60		The second secon
OTHERS - MPHIL	OTHERS - MPHIL	BUSINESS ADMINIST RATION	2005	OTHERS - ALAGAPPA UNIVERSI TY	ALAGAPPA UNIVERSI TY	63	FIRST CLASS	Address of the control of the contro

^{*} Upload Scanned copy of Original Degree Certificate.

$\begin{tabular}{ll} \textbf{I.a. Additional Qualification} :- \begin{tabular}{ll} \textbf{NO ADDITIONAL QUALIFICATION} \\ \textbf{Score}: \end{tabular}$

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	E	Experience	e
Name of the Conege	Designation	Joining Date	Working Institutions	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
			Total	19	6	24

V. Industrial Experience :

Name of the	Decignation	Nature of Work	Joining Data	Relieving Date	E	xperience	•
Organisation	Designation	Nature of Work	Joining Date	Keneving Date	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.

Name of the College	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	DR. RAMESH KUMAR N
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	191 B VENKATATHAMPATTI ROAD
Line 2	UTHANGARAI
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9442606585
Email	RAMESHMBA06@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ANEPR7338H
Passport Number	
Aadhar Number	996923757405
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	05-05-1982
Age	41
I. Particulars of Educational Qualification : (only con	npleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.B.A.	BUSINESS ADMINIST RATION	2003	OTHERS - SRI VIDYA MANDHIR ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSI TY	60	FIRST CLASS	The second secon
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2006	OTHERS - VYSYA INSTITUT E OF MANAGE MENT STUDIES	PERIYAR UNIVERSI TY	63	FIRST CLASS	The second secon
PH.D.	PH.D.	MASTER OF BUSINESS ADMINIST RATION	2018	OTHERS - BHARATH IYAR UNIVERSI TY	BHARATH IYAR UNIVERSI TY	Y		Project and control of the control o

Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	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
			Total	15	8	10

V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	Relieving Date	E	xperience	•
Organisation	Designation	Work	Johning Date Reneving Date		Years	Months	Days
INDICAL CHEMICAL AND MINERAL	SALES EXECUTIVE	SALES EXECUTIVE	02-05-2006	01-09-2007	1	3	31
				Total	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 Squad External Examiner Central Evaluation Re-Evaluation (No. of Member (Practical) (No. of scripts (No. of scripts ays) (No. of days) (No. of days) Evaluated) Evaluated)
--

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



Signature of the Faculty:

	1				
Name of the College	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT				
Name of the Department	MASTER OF BUSINESS ADMINISTRATION				
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION				
Name of the faculty member	DR. VIMALA KV				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSOCIATE PROFESSOR				
Residential Address Line 1	SOPANAM NEAR YAKARA TELEPHONE EXCHAGE				
Line 2	PALAKKAD 678701				
District	OTHERS - PALLAKKAD KERALA				
Telephone number	-				
Mobile number	+91 - 8825864618				
Email	SUBIRAKESH@GMAIL.COM				
Gender	FEMALE				
Community	OC				
PAN Number	AIHPV0201H				
Passport Number					
Aadhar Number	521035245779				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	AU1				
Date of Birth	17-10-1982				
Age	41				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Nam th Unive y	e ersit	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.COM.	COMMER CE	2003	OTHERS - CALICUT UNIVERSI TY	OTHE CALIC UNIVI TY	CUT	48	SECOND CLASS	Control of Caracy Control of C
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2005	OTHERS - BHARATH IYAR UNVIERSI TY	BHAR IYAR UNIVI TY		57	FIRST CLASS	The state of the s
P.G.	OTHERS - MPHIL	OTHERS - MARKETT ING	2014	OTHERS - BHARATH IYAR UNIVERSI TY	BHAR IYAR UNIVI TY		Y	FIRST CLASS	The state of the
PH.D.	PH.D.	OTHERS - MARKETT ING	2021	OTHERS - BHARATH IYAR UNIVERSI TY	BHAR IYAR UNIVI TY		Y		BRATISH CHARGEST Market State Control of the Contr
^c 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	Experience		
Name of the Conege	Designation	Joining Date	Working Institutions	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
			Total	12	9	28

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :

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

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

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



Name of the College	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT				
Name of the Department	MASTER OF BUSINESS ADMINISTRATION				
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION				
Name of the faculty member	DR. SATHIYASEELAN SHANMUGAM				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSOCIATE PROFESSOR				
Residential Address Line 1	CD 605, KGISL METRO POLIS, SARAVANAMPATTI PO				
Line 2	KEERANATHAM VILLAGE- 641035				
District	COIMBATORE				
Telephone number	-				
Mobile number	+91 - 9578998989				
Email	DRSATHYA@OUTLOOK.COM				
Gender	MALE				
Community	BC				
PAN Number	BTHPS4029Q				
Passport Number	0000000				
Aadhar Number	868737053713				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	AU1				
Date of Birth	10-02-1987				
Age	36				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	OTHERS - BBM	OTHERS - BUSINESS MANAGE MENT	2007	OTHERS - GOBI ARTS COLLEGE	BHARATH IYAR UNIVERSI TY	65	FIRST CLASS	and processing the control of the co
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2009	OTHERS - ICFAI BUSINESS SCHOOL	OTHERS - IBS	60	FIRST CLASS	The Office of State o
PH.D.	PH.D.	MASTER OF BUSINESS ADMINIST RATION	2018	OTHERS - BHARATH IYAR	BHARATH IYAR UNIVERSI TY	Y		AN A

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSOCIATE PROFESSOR	02-05-2016	28-05-2023	7	0	27
	7	0	27			

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

VI. C.O.E. Appointment Experience :

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

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

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



Name of the College	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	DR. BASKAR K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	5/61 OOMIYAMPATTY MANGALAM POST
Line 2	ATTAIAMPATTI TIRUCHENGODE TALUK 637501
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9342486997
Email	BASKARROYALS7@GMAIL.COM
Gender	MALE
Community	ВС
PAN Number	AWFPB1196F
Passport Number	
Aadhar Number	525917396309
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	24-06-1980
Age	43
I. Particulars of Educational Qualification : (only	y completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.B.A.	BUSINESS ADMINIST RATION	2002	OTHERS - PERIYAR UNIVERSI TY	PERIYAR UNIVERSI TY	55	SECOND CLASS	And the second s
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2008	OTHERS - ANNAMAL AI UNIVERSI TY	ANNAMAL AI UNIVERSI TY	59	SECOND CLASS	ANNUAL DESCRIPTION OF THE PROPERTY OF THE PROP
PH.D.	PH.D.	BUSINESS ADMINIST RATION	2016	OTHERS - ANNAMAL AI UNIVERSI TY	ANNAMAL AI UNIVERSI TY	Y		And the second s

^{*} Upload Scanned copy of Original Degree Certificate.

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	Relieving Date Current Date for Presently		Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSOCIATE PROFESSOR	05-03-2019	28-05-2023	4	2	24
	•	•	Total	4	2	25

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

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

days) (No. of days) (No. of days) Evaluated) Evaluated)

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

Name of the College	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. ANAND CHRISTOPHER J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	3/6 KAMARAJ STREET KALUGUMALAI
Line 2	THOOTHUKKUDI 628552
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9486901185
Email	ANANDCHRISTOBER.J@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AUWPA8140K
Passport Number	
Aadhar Number	867791894239
Faculty code given by C.O.E.	AU1
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	01-01-1985
Age	38
I. Particulars of Educational Qualification : (only co	ompleted)

Category	Name of the Degree	Specializa tion	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 ADMINIST RATION	2005	OTHERS - SRI KALAISWA RI COLLEGE	MADURAI KAMARAJ UNIVERSI TY	65	FIRST CLASS	Comment (NOTION) The contract and the contract of the contrac
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2007	OTHERS - KARUNYA UNIVERSI TY	OTHERS - KARUNYA UNIVERSI TY	58	SECOND CLASS	France CNESSTE Torong Contract No. Torong Contrac
PH.D.	PH.D.	MASTER OF BUSINESS ADMINIST RATION	2019	OTHERS - KARUNYA UNIVERSI TY	OTHERS - KARUNYA UNIVERSI TY	Y		

^{*} Upload Scanned copy of Original Degree Certificate.

Score : File :

II.	Title	οf	Ph.D.	Thesis
11.	11111	OI	т ш.р.	1110313

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		Experience		
Name of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days	
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSOCIATE PROFESSOR	01-03-2010	08-03-2023	13	0	8	
			Total	13	0	8	

Name of the	Designation	Nature of Work	Ioining Date	Relieving Date	Е	xperience	•
Organisation	Designation	Nature of Work	Joining Date	Kellevilly Date	Years	Months	Days

VI. C.O.E. Appointment Experience :

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

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

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



Name of the College	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. MANOKARAN N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	277/B, KNG PUDUR GN MILLS
Line 2	COIMBATORE 641029
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9894271123
Email	NEHRUMANO@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ASOPM9993N
Passport Number	
Aadhar Number	912613456951
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	23-06-1985
Age	38
I. Particulars of Educational Qualification : (only com	apleted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.COM.	COMMER CE	2006	OTHERS - CMS COLLEGE OF ARTS AND SCIENCE	BHARATH IYAR UNIVERSI TY	49	SECOND CLASS	The state of the s
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2008	SRI RAMAKRI SHNA INSTITUT E OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	60	FIRST CLASS	0

^{*} Upload Scanned copy of Original Degree Certificate.

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	E	xperience	•
Name of the College	Designation	Johning Date	Working Institutions	Years	Months	Days
NEHRU INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-06-2011	28-05-2023	11	11	27
	Total					

Name of the	Iligianation Iligianation Acida Railwana Ilata						
Organisation	Designation	of Work	Joining Date	Keneving Date	Years	Months	Days
SAKTHI MARKETTING PRIVATE LIMITED	SALES MANAGER	SALES	02-06-2008	10-05-2011	2	11	9
	Total						13

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) 45 Squad 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.



Name of the College	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. ASWANTHER S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	B2 SWAGATH RESIDENCY
Line 2	ANNA NAGAR 625020
District	MADURAI
Telephone number	-
Mobile number	+91 - 9597228976
Email	ASWANTHER.S@GMAIL.COM
Gender	MALE
Community	ВС
PAN Number	AVTPA8521E
Passport Number	
Aadhar Number	762373744668
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	19-12-1991
Age	32
I. Particulars of Educational Qualification : (only comp	pleted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
P.G.	M.SC.	OTHERS - COMPUTE R SCIENCE	2014	BANNARI AMMAN INSTITUT E OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	66	FIRST CLASS	Company Military And Company Company Company Company Company Company Company Company Com
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2016	OTHERS - JOHNSON SCHOOL OF BUSINESS	BHARATH IYAR UNIVERSI TY	65	FIRST CLASS	And a Military

 $[\]mbox{*}$ Upload Scanned copy of Original Degree Certificate.

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	Experience			
Name of the Conege	Noge 2001g.maion	Johning Date	Working Institutions	Years	Months	Days	
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSISTANT PROFESSOR	17-12-2019	28-05-2023	3	5	12	
	Total 3						

Name of the	Designation	Nature of	Joining Date	Relieving Date	xperience	9
Organisation	Designation	Work	Joining Date		Months	Days

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

days) (No. of days) (No. of days) Evaluated) Evaluated)

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

Name of the College	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. TRESA J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	BHARATHI STREET 5 NETHAJI NAGAR
Line 2	RAMANATHAPURAM 641018
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9789735607
Email	TRESAGRACE@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AKJPT3376R
Passport Number	121545121
Aadhar Number	322828242645
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	10-01-1989
Age	34
I. Particulars of Educational Qualification : (only	y completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - COMPUTE R SCIENCE	2009	OTHERS - NIRMALA COLLEGE FOR WOMEN	BHARATH IYAR UNIVERSI TY	65	FIRST CLASS	The state of the s
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2011	ST JOSEPH'S INSTITUT E OF TECHNOL OGY (AUTONO MOUS)	BHARATH IDASAN UNIVERSI TY	85	FIRST CLASS	The state of the s

 $[\]mbox{*}$ Upload Scanned copy of Original Degree Certificate.

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		Experience		
Name of the Conege	no conege Designation	Johning Date	Working Institutions	Years	Months	Days	
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSISTANT PROFESSOR	18-07-2011	28-05-2023	11	10	11	
	Total						

Name of the	Designation	Nature of	Joining Date	Relieving Date	Е	Experience	
Organisation	Designation	Work	Joining Date		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	Squad	External Examiner	Central Evaluation	Re-Evaluation
	(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
	days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)
l	uays)	(No. of days)	(No. of days)	Evaluateu)	Evaluateu)

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



Name of the College	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. ABIJITH KRISHNA CP
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	CHUNDHATHPALOTTIL PALODE
Line 2	THACHANATTUKARI 678583
District	OTHERS - PALAKKAD
Telephone number	-
Mobile number	+91 - 9747493796
Email	ABIJITHKRISHNA1996@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	DXBPP2499R
Passport Number	
Aadhar Number	743425461080
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	20-11-1996
Age	27
I. Particulars of Educational Qualification : (only com	pleted)

Category	Name of the Degree	Specializa tion	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.	COMMERC E	2017	OTHERS - UNIVERSIT Y OF CALICUT	OTHERS - UNIVERSIT Y OF CALICUT	55	SECOND CLASS	ASSOCIATION OF CASE OF
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2019	OTHERS - NEHRU COLLEGE OF MANAGEM ENT	BHARATHI YAR UNIVERSIT Y	63	FIRST CLASS	And

^{*} Upload Scanned copy of Original Degree Certificate.

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) $\ensuremath{^*}$

Name of the Callage	Designation	Joining Date	Relieving Date / Current Date	E	experience	•
Name of the College	Designation	Joining Date for Presently Working Institutions		Years	Months	Days
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSISTANT PROFESSOR	08-03-2021	28-05-2023	2	2	21
			Total	2	2	22

V. Industrial Experience :

Name of the	Designation	Nature of Work	Joining Date	Relieving Date		Experience	
Organisation	1 Designation	Nature of Work	Joining Date	Kellevilly Date	Years	Months	Days

VI. C.O.E. Appointment Experience :

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

cupacity at .	THE SCI TICC IS CA	itemated for the conduct o	I Limitiation daring the	rust your
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.



Name of the College	7230 - SRI VENKATESWARA INSTITUTE OF
Name of the College	INFORMATION TECHNOLOGY AND MANAGEMENT
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. MARIO DENNIS J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	69/1 CHRUCH STREET 6TH CROSS
Line 2	641035
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 6374777134
Email	MARIO.DENNIZ@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BMWPM4966L
Passport Number	
Aadhar Number	464922331163
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	26-05-1987
Age	36
I. Particulars of Educational Qualification : (only co	ompleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.COM.	COMMER CE	2009	OTHERS - THIRUVAL LYUVAR UNIVERSI TY	THIRUVAL LUVAR UNIVERSI TY	63	FIRST CLASS	Extraction Subsection Control of
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2011	OTHERS - BHARATHI DASAN UNIVERSI TY	BHARATHI DASAN UNIVERSI TY	65	FIRST CLASS	The state of the s

^{*} Upload Scanned copy of Original Degree Certificate.

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	/ Current D		Relieving Date / Current Date Designation Joining Date for Presently	E	xperience	e	
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days	
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSISTANT PROFESSOR	15-05-2023	28-05-2023	0	0	14	
			Total	0	0	14	

Name of the	Decimation	nature of	Ioining Data	Dollaring Date	Experience			
Organisation	Designation	Work	Joining Date	Relieving Date	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	
				Total	6	3	19	

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

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



Name of the College	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. ANUSHIA PM
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9 5TH CROSS STREET 1ST MAIN ROAD
Line 2	THENDRAL NAGAR WEST THIRUVALUR 600062
District	TIRUVALLUR
Telephone number	-
Mobile number	+91 - 9500038097
Email	ANUSHIA.PM@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ALFPA9243H
Passport Number	
Aadhar Number	798369525948
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	15-05-1984
Age	39
I. Particulars of Educational Qualification : (only	completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.B.A.	BUSINESS ADMINIST RATION	2004	OTHERS - ANNAI THERSA WOMENS UNIVERSI TY	OTHERS - ANNAI THERSA WOMENS UNIVERSI TY	60	FIRST CLASS	The second secon
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2006	OTHERS - KARUNYA INSTITUT E OF TECHNOL OGY AND SCIENCE	OTHERS - KARUNYA UNIVERSI TY	63	FIRST CLASS	The second secon
PH.D.	PH.D.	MASTER OF BUSINESS ADMINIST RATION	2022	OTHERS - NEHRU COLLEGE OF MANAGE MENT	BHARATH IYAR UNIVERSI TY	Y		SHARATHAR QUITESTIT BARATHAR QUITESTIT BARAT

^{*} Upload Scanned copy of Original Degree Certificate.

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	l l		Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSISTANT PROFESSOR	15-05-2023	28-05-2023	0	0	14
	0	0	14			

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

VI. C.O.E. Appointment Experience :

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

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

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



Name of the College	7230 - SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT			
Name of the Department	MASTER OF BUSINESS ADMINISTRATION			
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION			
Name of the faculty member	MRS. UMAMAHESWARI L			
Regular Or Adjunct	Regular			
Image	14304			
Present Designation	ASSISTANT PROFESSOR			
Residential Address Line 1	143, BALAJI NAGAR			
Line 2	SIDHAPUDUR - 641044			
District	COIMBATORE			
Telephone number	-			
Mobile number	+91 - 9894338788			
Email	UMAMAHESWARIL@GMAIL.COM			
Gender	FEMALE			
Community	BC			
PAN Number	ADMPU3204D			
Passport Number				
Aadhar Number	684934575750			
Faculty code given by C.O.E.				
Faculty code given by A.I.C.T.E.				
Date of Birth	01-07-1976			
Age	47			
I. Particulars of Educational Qualification : (only com	apleted)			

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.COM.	COMMERC E	1997	OTHERS - SRI RAMAKRIS HNA COLLEGE OF ARTS AND SCIENCE	BHARATHI YAR UNIVERSI TY	52	SECOND CLASS	Paradicione, Colories Conco, service Supplications Supplication Supp
P.G.	OTHERS - M.COM	OTHERS - COMMERC E	1999	OTHERS - ANNAMAL AI UNIVERSI TY	ANNAMAL AI UNIVERSI TY	50	SECOND CLASS	According University The According Control of the C
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2005	OTHERS - ALAGAPPA UNIVERSI TY	ALAGAPPA UNIVERSI TY	62	FIRST CLASS	ALGADA NOTICE TO THE PROPERTY OF THE PROPERTY

 $^{\ ^*}$ Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification}: \textbf{-} \ \texttt{NO} \ \texttt{ADDITIONAL} \ \texttt{QUALIFICATION}$

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	Experience		
Name of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days
SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ASSISTANT PROFESSOR	12-04-2013	28-05-2023	10	1	17
	Total					17

Name	of the Designation	Designation	ation Nature of Work	Joining Date	Relieving Date	Experience		
Organi	sation	Designation		Joining Date		Years	Months	Days

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

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

cupucity ut .	cupucity at which solvies is chieffact for the contact of Limitation tailing the last year							
AUR (No. of			Central Evaluation (No. of scripts	Re-Evaluation (No. of scripts				
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)				

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

Yours Faithfullly

