Faculty

. dodity						
Name of the College	9109 - Karpaga Vinayaga Institute of Management (KIM)					
Name of the Department	MASTER OF BUSINESS ADMINISTRATION -					
Name of the Degree & Course	M.B.AMaster of Business Administration -					
Faculty ID 272593						
Name of the faculty member	Dr. ANITHARANI BASTIN B					
Regular Or Adjunct	Regular					
Image						
Present Designation	Principal					
Residential Address Line 1	26 ayya nagar,kavinadu west, attangudi near					
Line 2	pudukkottai - 622003					
District Pudukkottai						
Telephone number	04322 260103					
Mobile number	+91 - 9842286242					
Email	anithadharini@gmail.com					
Gender	Female					
Community	BC					
PAN Number	ANIPA7584J					
Passport Number						
Faculty code given by C.O.E.	9109019					
Faculty code given by A.I.C.T.E.	1-9480662673					
Date of Birth	21-09-1979					
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
Ph.D	Ph.D	Others management	2015	OTHERS khadir mohideen college	Bharathidasan University -	у		HITTER AND THE LINE SERVICE AND THE SERVICE AN
P.G	M.B.A	Master of Business Administration	2003	OTHERS alagappa institute of management	Alagappa University -	68	First Class -	Algarpa Deliversity Algarpa D
U.G	B.B.A	Business Administration	2000	OTHERS j j college of arts and science	Bharathidasan University -	59	Second Class -	THE STATE SECURITIES AND ASSESSMENT OF THE STATE OF THE S
Others m.phil	OTHERS m.phil	Others management	2007	OTHERS periyar university	Periyar University -	74	First Class -	Comment of the Commen

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

I.a. Additional Qualification: No Additional Qualification

Score: na File:



II. Title of Ph.D. Thesis	a study on employee engagement among employees in msmes tiruchirappalli		
III. Faculty in which Ph.D. was awarded	Faculty of Management		
IV. Academic Experience : (Start from the Current working Experience) *			

Name of the Oalless	B. cianatian	Laining Date	Relieving Date / Current Date for	Experience		
Name of the College	Designation	Joining Date	Presently Working Institutions	Years	Months	Days
OTHERS j j college of arts and science	Assistant Professor -	06-06-2005	23-12-2013	8	6	18
OTHERS maruthu pandiyar arts and science college	Assistant Professor -	01-07-2003	31-05-2005	1	10	31
Karpaga Vinayaga Institute of Management (KIM) -	Principal -	04-01-2017	29-01-2025	8	0	26
Karpaga Vinayaga Institute of Management (KIM) -	Assistant Professor -	24-12-2013	03-01-2017	3	0	11
Total					6	21

V. Industrial Experience :

	Name of the	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
	Organisation	Designation	Nature of Work	Johnnig Date		Years	Months	Days
L								
	Total					0	0	0

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) : 0	External Examiner	Central Evaluation	Re-Evaluation
	(Practical)	(No. of scripts Evaluated) :	(No. of scripts
	(No. of days) : 5	1500	Evaluated) : 50

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

Signature of the Faculty:

