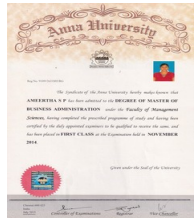



Faculty

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.A.-Master of Business Administration -
Faculty ID	271488
Name of the faculty member	Ms. AMEERTHA S P SP
Regular Or Adjunct	Regular
Image	
Present Designation	Assistant Professor -
Residential Address Line 1	1-4 KOTTAI PERIYA THERU, THIRUMAYAM
Line 2	PUDUKKOTTAI - 622507
District	Pudukkottai -
Telephone number	04322 260103
Mobile number	+91 - 8940579934
Email	ameERTHASP@GMAIL.COM
Gender	Female
Community	BC -
PAN Number	BFTPA2583P
Passport Number	
Faculty code given by C.O.E.	9109027
Faculty code given by A.I.C.T.E.	1-9480663106
Date of Birth	01-11-1991
Age	33
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.B.A. -	Master of Business Administration -	2014	Karpaga Vinayaga Institute of Management (KIM) -	Anna University -	75	First Class -	
U.G. -	B.Com. -	Commerce -	2012	OTHERS HOLY CROSS COLLEGE	Bharathidasan University -	70.5	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
Karpaga Vinayaga Institute of Management (KIM) -	Assistant Professor -	03-02-2016	29-01-2025	8	11	26
Total				8	11	26

V. Industrial Experience :

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

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	External Examiner (Practical)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts
---------------------	--------------	-------------------------------	-----------------------------------------------	-------------------------------

135	(No. of days) : 0	(No. of days) : 10	: 1650	Evaluated) : 30
It is certified that all the information provided are true to the best of my knowledge.				
Signature of the Faculty : 