




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	268624
Name of the faculty member	Ms. VARSHINI R
Regular Or Adjunct	Regular
Image	
Present Designation	Assistant Professor -
Residential Address Line 1	03/34,kallar natham,kulavaipatti post,kovilpatti
Line 2	alangudi tak,pudukkottai
District	Pudukkottai -
Telephone number	04322 260103
Mobile number	+91 - 6380468577
Email	varshiniraja423@gmail.com
Gender	Female
Community	BC -
PAN Number	BKUPV5633H
Passport Number	
Faculty code given by C.O.E.	9109038
Faculty code given by A.I.C.T.E.	1-44716034641
Date of Birth	16-09-2001
Age	23
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 -	2023	OTHERS JJ COLLEGE OF ARTS AND SCIENCE	Bharathidasan University -	75	First Class -	
U.G. -	B.Sc. -	Others COMPUTER SCIENCE	2021	OTHERS SRI BHARATHI ARTS AND SCIENCE COLLEGE FOR WOMEN	Bharathidasan University -	82	First Class -	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification: No Additional Qualification
Score: -
File: -

II. Title of Ph.D. Thesis

NA

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 J COLLEGE OF ARTS AND SCIENCE	Assistant Professor -	03-05-2023	30-03-2024	0	10	28
Karpaga Vinayaga Institute of Management (KIM) -	Assistant Professor -	01-04-2024	29-01-2025	0	9	29
Total				1	8	22

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 Exmination during the last year

AUR (No. of days) : 0	Squad Member (No. of days) : 0	External Examiner (Practical) (No. of days) : 0	Central Evaluation (No. of scripts Evaluated) : 0	Re-Evaluation (No. of scripts Evaluated) : 0
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

