
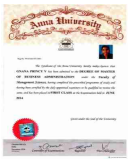


Name of the College	9523 - PSN ENGINEERING COLLEGE
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. GNANA PRINCY V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	10,D,NORTH STREET ,THAMILAKURUCHI
Line 2	THIDIYOOR ,627152
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9597100103
Email	PRINCYLATHA1990@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DUYPG2353H
Passport Number	
Aadhar Number	408408747155
Faculty code given by C.O.E.	9523305
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	04-05-1991
Age	32
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
U.G.	B.COM.	COMMERCE	2012	OTHERS - SARA TUCKER COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	75.3	DISTINCTION	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2014	INFANT JESUS COLLEGE OF ENGINEERING	ANNA UNIVERSITY	75.6	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
PSN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	31-10-2022	09-03-2023	0	4	10
Total				0	4	12

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

V. Ganana Princy.

Signature of the Faculty :