




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. HEPSIBA BEULA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	19/8,CHURCH STREET
Line 2	SANTHOSA PURAM,627115
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9952671974
Email	BUELADEVA430@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AUUPH3155M
Passport Number	
Aadhar Number	318878989150
Faculty code given by C.O.E.	9523261
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	14-02-1991
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.B.A.	BUSINESS ADMINISTRATION	2011	OTHERS - GOVINDA MMAL ADITANAR COLLEGE FOR WOMEN	MANOMANIAM SUNDARNAR UNIVERSITY	Y	FIRST CLASS	
P.G.	M.B.A.	OTHERS - HR WITH FINANCE	2013	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	Y	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	ASSOCIATE PROFESSOR	12-10-2021	10-02-2023	1	3	30
OTHERS - PSN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2013	11-10-2021	8	3	11
Total				9	7	14

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 Exmination during the last year**

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 1	Central Evaluation (No. of scripts Evaluated) 2000	Re-Evaluation (No. of scripts Evaluated) 800
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :