

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	MS. KARPAGA SANKARI A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2C 18TH VOC STREET SUTHAMALLI GOBALASAMUTHIRAM ROAD
Line 2	TIRUNELVELI 627-604
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9003438887
Email	KSANKARI1997@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	JNPPK1502N
Passport Number	
Aadhar Number	255378803096
Faculty code given by C.O.E.	9523243
Faculty code given by A.I.C.T.E.	
Date of Birth	08-06-1997
Age	26
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	2017	OTHERS - SRI SARADHA COLLEGE FOR WOMEN	MANOMANIAM SUNDARAN UNIVERSITY	61	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION (PART TIME)	2019	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	65	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	03-09-2019	10-03-2023	3	6	8
Total				3	6	11

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)	Central Evaluation (No. of scripts Evaluated) 500	Re-Evaluation (No. of scripts Evaluated) 200
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in black ink, appearing to read 'Maggie Clark', is centered within a rectangular box. The signature is written in a cursive style.

Signature of the Faculty :