



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. THANGAPOO A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	51/D,AMMAN KOVIL STREET
Line 2	KURAVARKULAM,627152
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9095581216
Email	THANGAMLOTUS.30@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BCIPT0162M
Passport Number	
Aadhar Number	861937005525
Faculty code given by C.O.E.	9523260
Faculty code given by A.I.C.T.E.	9523260
Date of Birth	18-03-1991
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 AND FINANCE	2013	SCAD COLLEGE OF ENGINEERING AND TECHNOLOGY	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	22-06-2021	09-02-2023	1	7	18
OTHERS - PSN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-06-2013	21-06-2021	8	0	19
Total				9	8	10

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)
1		5	2500	1000

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

A handwritten signature in black ink, appearing to be 'S. Jao', is written on a light green rectangular background.

Signature of the Faculty :