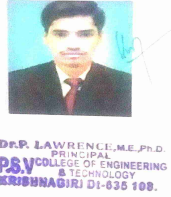





Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	314778
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	DR. VASANTHAKUMAR V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	2/227, T GANIGARAHALLI POST, THOPPUR
Line 2	DHARMAPURI, 636352
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9159794570
Email	VVSJINS0@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AKBPV5315N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-AUC0000000
Date of Birth	09-05-1991
Age	34
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	2012	OTHERS - GOVERNMENT ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSITY	61	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2014	COLLEGE OF BUSINESS MANAGEMENT	ANNA UNIVERSITY	67	FIRST CLASS	
PH.D.	PH.D.	MASTER OF BUSINESS ADMINISTRATION	2020	OTHERS - PERIYAR UNIVERSITY	PERIYAR UNIVERSITY	AWARDED		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

A STUDY ON STRESS AND JOB BURNOUT AMONG THE COLLEGE TEACHERS IN DHARMAPURI DISTRICT

III. Faculty in which Ph.D. was awarded

FACULTY OF MANAGEMENT

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
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	10-07-2014	30-10-2024	10	3	21
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSOCIATE PROFESSOR	06-01-2025	04-02-2025	0	0	30
Total				10	4	22

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)	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.

Signature of the Faculty :

