



Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	265973
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. PAVITHRA C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	48/A VEDIYAPPAN KOVIL STREET
Line 2	KRISHNAGIRI - 635001
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 6380848615
Email	PAVITHRAC077@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CVGPP3799G
Passport Number	
Faculty code given by C.O.E.	6118280
Faculty code given by A.I.C.T.E.	1-7353663918
Date of Birth	04-05-1992
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.A.	ENGLISH	2013	OTHERS - ARIGNAR ANNA COLLEGE	PERIYAR UNIVERSITY	59	SECOND CLASS	
P.G.	M.B.A.	HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT	2016	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	70	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
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	04-09-2019	05-02-2025	5	5	2
Total				5	5	4

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	400	

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 "C. Pathi", is centered within a light gray rectangular box.

Signature of the Faculty :