




Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	311227
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. MONIKA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	GANDHI ROAD,2ND STREET,EDAIYAMPATTI,JOLARPET.
Line 2	TIRUPATTUR,635851
District	TIRUPATHUR
Telephone number	-
Mobile number	+91 - 8248545513
Email	MONIKASEKAR3@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	ENFPM5751L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44735714118
Date of Birth	05-06-1998
Age	27
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.COM.	COMMERCE	2018	OTHERS - MARUDHAR KESARI JAIN COLLEGE FOR WOMEN	THIRUVALUVAR UNIVERSITY	8.015	DISTINCTION	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2021	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	9.0	DISTINCTION	

* 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	12-08-2024	05-02-2025	0	5	25
Total				0	5	27

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
CRS AGARBATHIES PVT LTD	FINANCIAL MANAGER	ACCOUNTANT	13-09-2021	10-06-2024	2	8	28
Total					2	8	1

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 :

