

14. Faculty-Profile(2022 – 2023)

Name of the Department	:	Department of SOCIAL WORK
Name of the faculty member	:	Dr.P.AKILA
Present Designation	:	Assistant Professor & Head
Residential Address	:	#1/11, 2 nd Floor, Butterworth Road, Tiruchirappalli – 620 002
Contact Nos.	:	Landline : Mobile: 87607-08160 Email : akilajesusraja@gmail.com
Gender	:	Female
Community	:	SC
PAN Number	:	Aadhaar Number
Date of Birth and Age	:	15.07.1978 (43years)
Date of Joining the present post	:	01.09.2021
Date of Retirement	:	
Scale of pay	:	
Present basic pay	:	
Total salary	:	



14.1. Particulars of Educational Qualifications: (Awarded only) Ref.No./Date/Copy to be enclosed

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades secured	Class obtained
UG	BA (SW)	Social Work	April 2001	Cauvery College for Women, Tiruchirappalli	Bharathidasan University	47.9	3 rd Class
PG	MSW	Community Development	April 2003	Urumu Dhanalakshmi College, Tiruchirappalli	Bharathidasan University	66.6	1 st Class
Ph.D.	Sociology (Interdisciplinary Social Work)	Social Work	June 2021	Centre for Study of Social Exclusion and Inclusive Policy, Bharathidasan University	Bharathidasan University	-	Commended

14.1.1. Additional Qualification :Post Graduate Diploma in Tribal Development Management (PGDTDM), Distance Education, National Institute of Rural Development (NIRD), Hyderabad, India (On going)

NET / SLET : NIL

14.2. a. Title of Ph.D. Thesis :A Study on the Impact of Tribal Development Proqrammesamong Tribes in Kalvarayan Hills, Villupuram District,Tamil Nadu

b. Faculty/Discipline/Subject in which Ph.D. was awarded :Sociology (Interdisciplinary Social Work)

14.3. Number of Ph.D scholars completed:

S.No	Name of the Scholar	Register Number	Year of completion	Name of the University
-	-	-	-	-

14.4. Ph. D scholars under Guidance (University wise):

S.No	Name of the Scholar	Register Number	Date of Registration	Name of the University
-	-	-	-	-

14.5. Research projects received from various funding agency:

S.No.	Title of the Project	Funding Agency	Period	Plan/Scheme	Amount		Completed	Ongoing
					Sanctioned	Received		
-	-	-	-	-	-	-	-	-

14.6. Academic Experience:

Name of the College	Govt/Aided/S.F.	Designation	Joining Date	Relieving Date	Experience		
					Years	Months	Days
-	-	-	-	-	-	-	-
Total							

14.7. Administrative/other Experience:

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
-	-	-	-	-	-	-	-
Total							

14.8. Other Relevant Information : Nil

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

Signature of the Faculty