Faculty- Profile

Name of the Department : Physics

Name of the faculty member :K.VENI

Present Designation :Assistant Professor

Residential Address :3/55,Indira colony Street,

Keelavadakarai

Contact Nos. :8778240901 Landline: Mobile

Email :venikumar027@gmail.com

Gender :Female | Male / Female / TG

Community. :OC / BC / MBC/SC / ST

PAN Number : CPGPV4249P

Aadhaar Number : 287600316091

Date of Birth and Age 07.12.2001

Date of Joining the present post :04.12 2023

Date of Retirement :31.12.2061

Scale of pay :10,000

Present basic pay :

Total salary 10000

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	B.Sc.	Physics	2021	Sri Sarada College for Women, Tirunelveli.	MSU	84	First class with distinction

PG	M.Sc.	Physics	2023	Sri Sarada College for Women, Tirunelveli.	MSU	77	First class with distinction
Ph.D.							

14.1.1. Additional Qualification

NET / SLET

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14.2. a. Title of Ph.D. Thesis

b. Faculty/Discipline/Subject in which Ph.D. was awarded

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.	ovt/Aided/S.F. Designation		Joining Relieving Date		Experience		
Name of the College	GOVI/Alded/S.F.	Designation	Date	Relieving Date	Years	Months	Days	
Sri Sarada College for Women (Autonomous), Tirunelveli	SF	Assistant Professor	04.12.2023	Till date		4	19	
	Total							

14.7. Administrative/other Experience:

Name of the Organization	Designation Nature of Work	Jaining Data	Policying Data	Experience			
Name of the Organisation		Work	Joining Date	Relieving Date	Years	Months	Days

14.8. Other Relevant Information

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

Signature of the Faculty

(Endorsement by the Principal)