14. **Faculty- Profile**

Residential Address

Name of the Department : Commerce

Name of the faculty member : Selvi S. Pon Vijayalakshmi

Present Designation : Assistant Professor

: 19A Mela Mada veethi, Panagudi 627109,

Tirunelveli District.

Contact Nos. : Landline: Mobile: 9344273487

Email: ponvijayalakshmijuly19@gmail.com

Gender : Female

Community : OC

PAN Number: DCLPP5756E

Aadhaar Number : 4027 7614 7189

Date of Birth and Age : 19/07/1997 & 27

Date of Joining the present post : 16/06/2025

Date of Retirement : 16/06/2057

Scale of pay :10,000

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	Bachelor of Commerce		2018	Sri Sarada College for Women	Manomaniam Sundaranar University	70	



PG	Master of Commerce	2020	Alagappa University	Alagappa University	72	
Ph.D.						

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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/Schei	Plan/Scheme	Amount		eme Amount	Completed	Ongoing
					Sanctioned	Received			

14.6. Academic Experience:

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

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14.7. Administrative/other Experience:

Name of the Organisation	Designation	Nature of	Jaining Data	Policying Data		Experience	
Name of the Organisation	Designation	Work			Years	Months	Days
Total							

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)