

**Faculty- Profile** 14.

**Contact Nos.** 

Name of the Department COMPUTER APPLICATION

Name of the faculty member I.S. NIVEDHA

**Present Designation** ASSISTANT PROFESSOR

1323 A/1, Bharathi Nagar, 4<sup>th</sup> Street, KTC Nagar, Palayamkottai, Tirunelveli- 627011 Residential Address

Landline :-Mobile: 6379186007

Email :niki13092@gmail.com

Gender Female

Community SC

**Aadhaar Number** CUSPN3179D PAN Number:

:907528565867

Date of Birth and Age 13.09.2002, 22 years

**Date of Joining the present post** 16.06.2025

**Date of Retirement** 16.06.2061

Scale of pay

Present basic pay

773 · 1 · 1	
Total salary	•
i utai saiai y	•

## 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	ВСА	COMPUTER APPLICATION	2023	Sarah Tucker College, Tirunelveli	MANONMANIAM SUNDARANAR UNIVERSITY	84.22%	FIRST CLASS WITH DISTINCTION
PG	MCA	COMPUTER APPLICATION	2025		MANONMANIAM SUNDARANAR UNIVERSITY	83.69%	FIRST CLASS WITH DISTINCTION

14.1.1. Additional Qualification :-

NET / SLET :-

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):

	search projects receiv	ad from various fu			Date of Registration Nan			Name of the University				
S.No.		cu ii oili vai ious iui	nding agency	<u> </u>								
	Title of the Project	ct Funding Agency	y Period	Plan/Scheme	e	Amount			Completed		Ongoing	
						Sanctioned	Received					
4.6. Aca	ndemic Experience:											
Name	e of the College	Govt/Aided/S.F.	F. Designation		Joining Date	Relieving Date		Experience				
								7	Years Mo		onths	Days
							Tota	ıl				
4.7. Adn	ministrative/other Ex	perience:						<u> </u>				
Name of the Organisation Designation		n Dociem	motion Notions of West-	Nature of Work	Joining Date	Relieving Date		Experience				
		i Design	iauon f	Ivature of Work				ming Date	Years		Months	Day

Total	

## 14.8. Other Relevant Information

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

dallin.

**Signature of the Faculty** 

(Endorsement by the Principal)