## 9.Faculty- Qualification and Experience

Name of the Department	:Sanskrit		
Name of the faculty member	:S.Gowri Swetha		
Present Designation	:Assistant Professor		
Residential Address	:1/43 Rajamannerpuram,Mudalur(pt), Santhankulam(Tk) Thoothukudi (Dt) -628702		
Contact Nos.	:6382688998	Mobile E-mail	:9488227542 :sgowriswethabommi@gmail.com
Gender	:Female		
Community	:BC		
PAN Number :		Aadhaar Number	:601999422267
Date of Birth and Age	:09/12/1998		
Date of joining the present post	:18/06/2025		
Date of Retirement	:		
Scale of pay	:		
Present basic pay	:10000		
Total salary	:10000		



I. Particulars of Educational Qualification: (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 obtained	Class obtained
UG	B.A	English	2016-2019	Sri sarada college for women	Manonmaniam Sundaranar University	79%	I - class
PG	M.A	Sanskrit	2019-2021	Madurai Kamaraj University	Madurai Kamaraj University	77%	I - class

M.Phil M.Phil Sanskrit 2022-2023	Madurai Kamaraj University	Madurai Kamaraj University	72%	I -class
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I.a. Additional Qualification:DGT,DHM, DIPLOMA IN NFSE.NET / SLET: -

II.a. Title of Ph.D. Thesis: -b. Faculty/Discipline/Subject in which Ph.D. was awarded: -

## **III.a. Number of Ph.D scholars completed:**

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

b. Number of Ph. D scholars registered under Guidance (University wise):

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

c. Number of projects received from various funding agencies:

S.No.	Name of the Funding Agency	Amount sanctioned	Amount Received	Under which Plan	

**IV. Academic Experience:** 

Name of the College	Whether	Designation	Designation Joining Date Relieving Da	Delieving Date	Experience		
Name of the College	Govt/Aided/SF.	Designation		Kelleving Date	Years	Months	Days

Tota			
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## V. Administrative/other Experience:

Nome of the Organization	Designation	Nature of Loining Data	ata Baliaving Data	Experience			
Name of the Organisation	Designation	Work	Joining Date	Relieving Date	Years	Months	Days
Total							

## VI. Other Relevant Information

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

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Signature of the Faculty

(Endorsement by the Principal)