



9.Faculty- Qualification and Experience

Name of the Department :Sanskrit
Name of the faculty member :S.Sundari
Present Designation :Assistant Professor
Residential Address :3/138, west street ,
 Ellanayakkanpatti road,
 Singathakurichi,
 Srivaikundam (Tk),
 Thoothukudi Dt).
 628851
Contact Nos. :9361115758 Mobile :8056531873
 E-mail :sundaratchisundari335@gmail.com
Gender :Female
Community :OC
PAN Number : **Aadhaar Number** :739027405471
Date of Birth and Age :18/05/2000
Date of joining the present post :16/06/2025
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	2018-2021	Sri sarada college for women	Manonmaniam Sundaranar University	74.5%	I-Class

PG	M.A	Sanskrit	2023-2025	Srimad Andavan Arts And Science College	Bharathidasan University	85%	Distinction
B.Ed	B.Ed	English	2021-2023	Sri Sarada College of Education For Women	Tamilnadu Education University	79%	I – Class with Distinction
Ph.D							

I.a. Additional Qualification : DGT, 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 Govt/Aided/SF.	Designation	Joining Date	Relieving Date	Experience		
					Years	Months	Days

Total							

V. Administrative/other Experience:

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

VI. Other Relevant Information :

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

Signature of the Faculty

(Endorsement by the Principal)

