



**A.V.V.M. SRI PUSHPAM COLLEGE  
(AUTONOMOUS),  
POONDI – 613503, THANJAVUR – DT.**



1. Name of the Staff : **K. Tamilselvi,**  
 2. Designation : **Assistant Prof. of Mathematics**  
 3. Academic Qualification : **M.Sc., M.Phil.,**

Course	UG	PG	M.PHIL.	PH.D.
Year	2013	2015	2017	-
College & University	A.V.V.M SRI PUSHPAM COLLEGE (AUTONOMOUS) & BHARATHIDASAN UNIVERSITY	A.V.V.M SRI PUSHPAM COLLEGE (AUTONOMOUS) & BHARATHIDASAN UNIVERSITY	A.V.V.M SRI PUSHPAM COLLEGE (AUTONOMOUS) & BHARATHIDASAN UNIVERSITY	-

4. Date of Birth & Age : **03.08.1992 & 27**

4. Date of Appointment	:	Self – Finance	:	D	D	M	M	Y	Y	Y	Y
				0	2	0	8	2	0	1	7
				FIP	-	-	-	-	-	-	-
Aided	-	-	-	-	-	-	-	-			

5. Total Service :

6. Teaching Experience in completed years : UG **2 years** PG **1** M.Phil. **-**

7. Residential Address : **D/O. V.Kesavan, 63/3, South Musilem St., Moriyamman Kovil (Po), Thanjavur (Dt) 613 501.**  
 Mobile Number : **9751774134**  
 E-Mail Address :

8. No. of Orientation / Refresher Courses and Training Programmes attended : **yes**  
 9. Whether FIP availed, if yes, furnish details : **NO**  
 10. No. of Seminars attended : **-**  
 11. No. of Papers Presented : **-**  
 12. No. of Papers Published : **-**  
 13. No. of Books Published : **Nil**  
 14. No. of Guest Lectures delivered in other institutions : **-**  
 15. No. of Research Projects undertaken : Minor - Major --- Others (Specify) ---  
 16. No. of Seminars organised : **Nil**  
 17. No. of. M.Phil. Scholars Guided : Completed - Ongoing - -  
 18. No. of. Ph.D. Scholars Guided : **- Nil** **-Nil**  
 19. Participation in Academic Research Bodies in other institutions : **-**  
 20. Service rendered in academic / Extra Curricular/ Extension activities within the College other than teaching : **-**  
 21. Service rendered in Professional bodies outside the College : **-**  
 22. Honors / Awards received : **--**

**Signature of the Staff**

## ANNEXURE – I

## DETAILS OF ORIENTATION, REFRESHER COURSES AND TRAINING PROGRAMMES ATTENDED:

SL. NO.	COURSE	UNIVERSITY	PERIOD	TITLE
1.	-	-	-	-

## ANNEXURE – II

## WHETHER FDP AVAILED, IF YES, FURNISH DETAILS

Name of the institution	Period of Study	Date of submission	awarded
-	-	-	-

## ANNEXURE – III

## SEMINARS/CONFERENCES, SYMPOSIA, WORKSHOPS, ETC ATTENDED

Sl. No.	Title of the Seminars/Conferences, Symposia, Workshops	Level (State / National / International)	Sponsoring Agency and Name of the Institution	Date
-	-	-	-	-

## ANNEXURE – IV

## PAPERS PRESENTED IN SEMINARS/CONFERENCES, SYMPOSIA, WORKSHOPS, ETC

Sl. No.	Title of the Paper	Level (State / National / International)	Sponsoring Agency and Name of the Institution	Date
-	-	-	-	-

## ANNEXURE – V

## RESEARCH PAPERS PUBLISHED:

Sl. No.	Title of the Paper	JOURNAL			Page Number
		Name	Volume	Year / Month of Publication	
-	-	-	-	-	-

## ANNEXURE – VI

## BOOKS PUBLISHED:

Sl. No.	Name of the Book / Title of the Article / Book / Editor	Publisher	Place and Year of Publication
-	-	-	-

## ANNEXURE – VII

## GUEST LECTURES DELIVERED:

Sl. No.	Title of the Guest Lecture	Place	Date
-	-	-	-

## ANNEXURE – VIII

## RESEARCH PROJECTS – ONGOING AND COMPLETED:

SL. No	Title of the project	Minor/ Major	Name of the Funding Agency	Period	Amount Sanctioned	UC Submitted If Yes, Date and Year
-	-	-	-	-	-	-

## ANNEXURE – IX

## SEMINARS, CONFERENCES, SYMPOSIA, WORKSHOPS ORGANIZED:

Sl. No.	Title of the Seminar/Conference/Symposia Workshop	Name of the Sponsoring Agency	Amount Sanctioned	Period	UC submitted If Yes, Date and Year
-	-	-	-	-	-

**ANNEXURE – X****Research Experience (M.Phil.) – Guided and Guiding**

Sl. No.	Name of the Scholar	Title of the Dissertation	Year of Study
-	-	-	-

**ANNEXURE – XI****Research Experience (Ph.D.) – Awarded, Submitted and Guiding**

Sl. No.	Name of the Scholar	Title of the Thesis	Year of Study	University
-	-	-	-	-

**ANNEXURE – XII****PARTICIPATION IN ACADEMIC RESEARCH BODIES IN OTHER INSTITUTIONS:  
(Mention the period in the relevant column)**

Name of the Institution	Academic Council	BOS	Research committee	Academic Audit committee	Member in University committee	Any other (specify)
-	-	-	-	-	-	-

**ANNEXURE – XIII****SERVICE IN ACADEMIC / EXTRA CURRICULAR/ EXTENSION ACTIVITIES**

Sl. No.	Name of the Activity	Period
-	-	-

**ANNEXURE – XIV****MEMBERSHIP IN PROFESSIONAL BODIES**

Name of the Professional Body	National/International	Period
-	-	-

**ANNEXURE – XV****HONORS AND AWARDS RECEIVED : ---**