



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



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

Course	UG	PG	M.PHIL.	PH.D.
Year	2012	2015	2016	-
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 : **21.03.1992 & 27**

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

5. Total Service : 1 year 7 months

6. Teaching Experience in completed years : UG PG M.Phil.

7. Residential Address : **D/O. M.Karuppaiyan, North St., Poondi, Thoppu, 613503.**

Mobile Number : **9629393020, Adhar No.330456279211-
Pan card No:AZOPV60046**

E-Mail Address : **KVasuki1992@gmail.com. Whatsapp No.9629393020.**

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 : ---**