




Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MS. NANDHINI A
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	15/15 RADHA STORES AGAHARAM SIRUTHAIYUR
Line 2	LALGUDI TRICHY
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9384500439
Email	NANDHINIARUMUGAM23@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BOLPN5074H
Passport Number	
Aadhar Number	371180240399
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	17430965306
Date of Birth	23-11-1995
Age	29
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - INFORMATION TECHNOLOGY	2016	OTHERS - CAUVERY COLLEGE FOR WOMEN	BHARATHI DASAN UNIVERSITY	71	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2018	M I E T ENGINEERING COLLEGE	ANNA UNIVERSITY	82	FIRST CLASS	

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-05-2019	14-02-2024	4	9	14
Total				4	9	18

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)

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

Signature of the Faculty :



Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. ABARNA C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	45 RAJAJINAGAR
Line 2	SENTHURAI
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 8056423459
Email	ABARNA12@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AVZPP4590R
Passport Number	
Aadhar Number	605684558964
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	28-05-1993
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2014	VIVEKANANDA COLLEGE OF ENGINEERING FOR WOMEN (AUTONOMOUS)	ANNA UNIVERSITY	75.00	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2017	DHANALAKSHMI SRINIVASAN ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	79.00	FIRST CLASS	

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	16-08-2017	14-02-2024	6	5	30
Total				6	5	2

V. Industrial Experience :

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


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
----------------------------------	---	--	--	---

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

Signature of the Faculty :



Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MS. SONA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	1/59 MAIN ROAD KEEZHANBIL
Line 2	LALGUDI TRICHY
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9585872122
Email	SONARAJENDRAN017@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	GXCPS2815C
Passport Number	
Aadhar Number	530622365940
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	17431184077
Date of Birth	17-03-1996
Age	28
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.C.A.	COMPUTER APPLICATIONS	2016	OTHERS - CAUVERY COLLEGE FOR WOMEN	BHARATHI DASAN UNIVERSITY	89	FIRST CLASS	
P.G.	M.B.A.	OTHERS - OPERATIONS HR	2018	M I E T ENGINEERING COLLEGE	ANNA UNIVERSITY	88	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	24-04-2019	14-02-2024	4	9	21
Total				4	9	25

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. PRAKASH T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	47 SATHYA SEELAN NAGAR
Line 2	RAMJININAGAR
District	PERAMBALUR
Telephone number	-
Mobile number	+91 - 9965824420
Email	PRAKSH124@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AVZPP4590N
Passport Number	
Aadhar Number	935701376980
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	17-08-1986
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.A.	ENGLISH	2006	OTHERS - PRESIDENCY COLLEGE	OTHERS - PRESIDENCY COLLEGE	61.50	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2008	OTHERS - UNIVERSITY OF MADRAS	UNIVERSITY OF MADRAS	62.50	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	08-05-2019	14-02-2024	4	9	7
Total				4	9	11

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. SHERLY P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	13 B KARPAGAM NAGAR, MALLIYEED
Line 2	PUDUKKOTTAI-622003
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 7538817968
Email	PRINCIPALMAMCE@MAMCE.ORG
Gender	FEMALE
Community	BC
PAN Number	FYJPS8909A
Passport Number	
Aadhar Number	307253471643
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	14-11-1994
Age	30
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.C.A.	COMPUTER APPLICATIONS	2016	OTHERS - VLB JANAKIAMMAL ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	65	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2018	M I E T ENGINEERING COLLEGE	ANNA UNIVERSITY	81	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	19-07-2023	27-01-2024	0	6	9
Total				0	6	12

V. Industrial Experience :

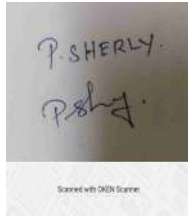
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. ARUN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	C/26 ALAZERIPURAM,3RD STREET , CHECK POST ,SRI RANGAM
Line 2	TRICHY
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 6379548345
Email	PRINCIPALMAMCE@MAMCE.ORG
Gender	MALE
Community	MBC
PAN Number	FBEPA1326K
Passport Number	
Aadhar Number	234973902794
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	19-04-2000
Age	24
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.B.A.	BUSINESS ADMINISTRATION	2021	OTHERS - BHARATHI DHASAN UNIVERSITY	BHARATHI DHASAN UNIVERSITY	75	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2023	OTHERS - MAM BUSINESS SCHOOL	ANNA UNIVERSITY	80	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	14-08-2023	29-01-2024	0	5	16
Total				0	5	18

V. Industrial Experience :

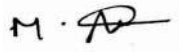
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. SARAVANA KUMAR T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/23,SUBRAMANIYA AVENUE, LINGAMA NAGAR
Line 2	TRICHY-620020
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 7502818708
Email	PRINCIPALMAMCE@MAMCE.ORG
Gender	FEMALE
Community	BC
PAN Number	GIKPR4136R
Passport Number	
Aadhar Number	568665453627
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	04-06-1985
Age	39
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.B.A.	BUSINESS ADMINISTRATION	2006	OTHERS - PERIYAR MANIAMMAI COLLEGE OF TECHNOLOGY	ANNA UNIVERSITY	61	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2018	MADRAS INSTITUTE OF TECHNOLOGY CHROMPET	ANNA UNIVERSITY	70	FIRST CLASS	

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	12-12-2023	01-02-2024	0	1	21
Total				0	1	21

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Exmination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

A small, square image showing a handwritten signature in blue ink on a light-colored, possibly textured, surface. The signature is stylized and appears to consist of a few connected letters.

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. SHAKE FAREETH A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/225,KALLAI MAIN ROAD,VADASEMAPALAYAM
Line 2	VILLUPURAM
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 9994183312
Email	PRINCIPALMAMCE@MAMCE.ORG
Gender	MALE
Community	BC
PAN Number	IQEPS6631A
Passport Number	
Aadhar Number	902837950630
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	19-09-1995
Age	29
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.B.A.	BUSINESS ADMINISTRATION	2016	OTHERS - RKSHANMUGAM COLLEGE ARTS	ANNA UNIVERSITY	63	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2020	M A M COLLEGE OF ENGINEERING	ANNA UNIVERSITY	60	SECOND CLASS	

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	14-11-2023	05-02-2024	0	2	22
Total				0	2	23

V. Industrial Experience :

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

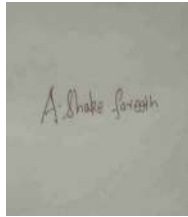
VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

A small, rectangular piece of paper with a light beige or off-white color. It is placed on a white background. The paper has the handwritten text "A. Shake Farooq" written in dark ink. The handwriting is cursive and somewhat slanted to the right. The paper is slightly wrinkled and has a soft shadow beneath it, suggesting it is resting on a surface.

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. SANTHOSH KUMAR V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/319,VANNIYAPURAM,ATTUR,
Line 2	SALEM
District	SALEM
Telephone number	-
Mobile number	+91 - 9952275966
Email	PRINCIPALMAMCE@MAMCE.ORG
Gender	MALE
Community	BC
PAN Number	EPNPS0032A
Passport Number	
Aadhar Number	865267585295
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	06-06-1991
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.COM.	COMMERC E	2012	OTHERS - BHARATHI DHASAN UNIVERSITY COLLEGE PERAMBALUR	BHARATHI DHASAN UNIVERSITY	68	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2014	ROEVER INSTITUTE OF MANAGEMENT	ANNA UNIVERSITY	80	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	23-11-2023	10-02-2024	0	2	18
Total				0	2	19

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Exmination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		5	2	

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

A handwritten signature in black ink, appearing to read "Janet", is centered within a light gray rectangular box.

Signature of the Faculty :

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. KIRUTHIGA V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	28 INDIRA GANDHI NAGAR
Line 2	ERATAIVVAKICAL
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9791914661
Email	KIRUTHIGA1234@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CXVPK4782K
Passport Number	
Aadhar Number	916038286473
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	29-07-1993
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.B.A.	BUSINESS ADMINISTRATION	2013	OTHERS - SRINIVASA COLLEGE OF ARTS AND SCIENCE	BHARATHI DASAN UNIVERSITY	78.0	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2015	ROEVER INSTITUTE OF MANAGEMENT	ANNA UNIVERSITY	76.0	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	17-04-2019	14-02-2024	4	9	28
Total				4	9	2

V. Industrial Experience :

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

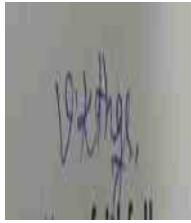
VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		18	4	

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

Signature of the Faculty :



Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MS. JOSPHINE CARLIYA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	79 NORTH 5TH PARAGARAM
Line 2	T V KOVIL
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 8072985695
Email	JOSPHINECARLIYA98@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BCHPJ0970L
Passport Number	
Aadhar Number	374047736806
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	28-10-1998
Age	26
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.B.A.	BUSINESS ADMINISTRATION	2019	OTHERS - HOLY CROSS COLLEGE	BHARATHI DASAN UNIVERSITY	60	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2021	M A M B SCHOOL	ANNA UNIVERSITY	80	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-05-2021	14-02-2024	2	9	14
Total				2	9	18

V. Industrial Experience :

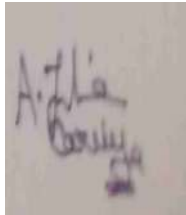
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		14	3	

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

A handwritten signature in dark ink on a light-colored background. The signature appears to be 'A. Zia' with some additional scribbles or a date below it.

Signature of the Faculty :

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. VIJAY ALOUSIUS RAJ S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	30 ANTHONIYAR KOVIL STREET
Line 2	KALLAKKUDI LALGUDI
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9159646759
Email	SVARBCOM14@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	NNXPS3407J
Passport Number	
Aadhar Number	792836672569
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	14-06-1999
Age	25
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.COM.	COMMERCE	2019	OTHERS - ST JOSEPH COLLEGE	BHARATH IDASAN UNIVERSITY	71	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2021	OTHERS - SRINIVASAN ARTS AND SCIENCE COLLEGE	BHARATH IDASAN UNIVERSITY	74	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	31-10-2022	14-02-2024	1	3	15
Total				1	3	16

V. Industrial Experience :

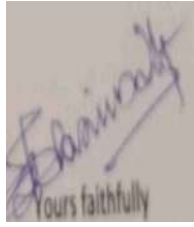
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		13	2	



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

Signature of the Faculty :



Yours faithfully

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. JEEVA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	181/9 THENNAMARAT CHOLAI PUDUR
Line 2	UTHAMANUR PO LALGUDI TK
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9943548061
Email	JEEVAMBA2011@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AYEPJ5884D
Passport Number	
Aadhar Number	762192912591
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	08-06-1991
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.COM.	COMMERCE	2011	OTHERS - INDIRA GANDHI COLLEGE FOR WOMEN	BHARATH IDASAN UNIVERSITY	73.80	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2013	M A M COLLEGE OF ENGINEERING	ANNA UNIVERSITY	75.00	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	29-05-2020	14-02-2024	3	8	17
Total				3	8	21

V. Industrial Experience :

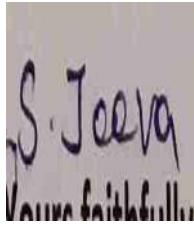
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		18		

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

A handwritten signature in black ink on a light-colored background. The signature reads "S. Jeeva" in a cursive style, with "S." followed by "Jeeva". Below the name, there is a line of smaller, less legible text that appears to be "V. Jeeva" or similar.

Signature of the Faculty :

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MS. DIVYA H
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 6 /389 SRI NARTHANA VINAYAGAR AVENUE
Line 2	SAKTHI NAGAR SAMAYAPURAM
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9940242246
Email	DIVYA.HARI1@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	BZPPD5830C
Passport Number	
Aadhar Number	489030370681
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	27-02-1992
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - ELECTRONICS AND COMMUNICATION SCIENCE	2012	OTHERS - JBAS COLLEGE FOR WOMEN	UNIVERSITY OF MADRAS	83.67	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2014	OTHERS - CRESCENT BUSINESS SCHOOL	OTHERS - BSA UNIVERSITY CHENNAI	87.80	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	19-02-2020	14-02-2024	3	11	25
Total				3	11	0

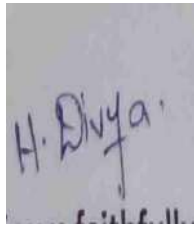
V. Industrial Experience :

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


VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		15	2	

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

A rectangular box containing a handwritten signature in blue ink. The signature reads "H. Divya" with a vertical line extending downwards from the 'y'.

Signature of the Faculty :

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MS. JANET PRIYADHARSHINI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	452/13G SOUTH KAMARAJNAGAR
Line 2	8TH CROSS PARAMASIVAPURAM
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 7867902415
Email	PRIYAJAN0506@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AURPJ1223C
Passport Number	
Aadhar Number	595911393367
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	05-06-1992
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.C.A.	COMPUTER APPLICATIONS	2012	OTHERS - SRIMAD ANDAVAN ARTS SCIENCE COLLEGE	BHARATH IDASAN UNIVERSITY	80.00	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2014	M A M COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70.37	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	26-07-2023	20-01-2024	0	5	26
Total				0	5	28

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
-------------------	----------------------------	---	---	--

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

A handwritten signature in black ink that reads "P. Janet". The signature is written in a cursive style with a large initial "P" and a long horizontal stroke extending from the end of the name.

Signature of the Faculty :