

Name of the College	9503 - GRACE 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. ANITHA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/981, BHARATHI NAGAR, SPIC NAGAR
Line 2	TUTICORIN, 628005
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9360867224
Email	ANITHAVAISH11@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BVTPA2406F
Passport Number	
Aadhar Number	634765440401
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	11-03-1996
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.B.A.	BUSINESS ADMINISTRATION	2016	OTHERS - ST MARYS COLLEGE TUTICORIN	MANOMANIAM SUNDARNAR UNIVERSITY	80	FIRST CLASS	
P.G.	M.B.A.	OTHERS - HUMAN RESOURCE MANAGEMENT	2019	OTHERS - LOYOLA COLLEGE	PONDICHERRY 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
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-06-2024	08-06-2024	0	0	6
Total				0	0	6

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
ACCENTURE	HEALTH INSURANCE	PROCESS ANALYST	14-09-2017	16-04-2018	0	7	3
Total					0	7	5

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 :

