

**GOVERNMENT ARTS AND SCIENCE COLLEGE FOR WOMEN
SATHANKULAM**

Name of the Department : ENGLISH
 Name of the faculty member : S.VALARMATHI
 Present Designation : Assistant Professor (GL)
 Residential Address : 10A, Thanuskodi street, Moolaikaraipatti.
 Tirunelveli.
 Contact Nos. : Landline : -
 Mobile: 8883453675
 Email : valarmathi.perumal93@gmail.com
 Gender : Female
 Community : BC
 PAN Number :
 Aadhar Number : 730325016470
 Date of Birth and Age : 01.03.1993, 31 Years
 Date of joining the present post : 26.09.2018
 Date of Retirement : 01.03.2051
 Scale of Pay :
 Present basic pay : -
 Total salary : Rs. 25,000



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 / Grade obtained	Class obtained
PG	MA	ENGLISH	2018	Rani Anna Government College For Women, Tirunelveli	MS University Tirunelveli	67.02%	I
UG	BA	ENGLISH	2015	Rani Anna Government College For Women, Tirunelveli	MS University Tirunelveli	62.47%	I
	D.TED		2012	DIET	Vanaramutti Thuthukudi	69%	I

I. a. Additional Qualification :

NET / SLET : NET

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 agency:

S.No	Name of the Funding Agency	Amount Sanctioned	Amount Received	Under which Plan
-	-	-	-	-

IV. Academic Experience:

Name of the College	Whether Govt. / Aided / S.F	Designation	Joining Date	Relieving Date	Experience		
					Years	Months	Days
Manonmaniam Sundaranar University Constituent College of Arts and Science, Sathankulam	Aided	Assistant Professor (Temporary)	26.09.18		7	1	1
Total					7	1	1

V. Administrative / other Experience:

Name of the Organization	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 are true to the best of my knowledge.

Signature of the Faculty

(Endorsement by the Principal)