FACULTY PROFILE

:K.KARTHIK

2 Designation :GUEST LECTURER

3 Date of Birth :07-07-1984

4 Gender :MALE

4 Gender :4-PILLAIYAR KOVIL STREET,PAPPIREDDIPATTI. (P.O)&(T.K),DHARMAPURI(DT), 636905.

Mobile :9524481311

Email ID :kkarthik7783@gmail.com

:Government

6 Employee Code :

7 Date of Joining :05-10-2017

Private : -----

Government

Date of joining in this

institution :05-10-2017

Date of retirement Total Years of Experience (Collegiate Service only)

Years: __05_ , Months: __10_ ,

Days: 22___

8

1

Name

	Name of the	Duration	Experience	
Sl.No.	Institution	From	То	(YY-MM- DD)

Total				05-10-22
3				
2				
1	Government Arts and science college, Pappireddipatti.	05-10-2017	now	05-10-22

9 Educational Qualification

-		ar Eagringacion	•	
S.No.	Course	Name of the Board/University	Year of Passing	Rank / Class
1	B.A	PERIYAR UNIVERSITY	APR-2010	SECOND
2	M.A	PERIYAR UNIVERSITY	AUG-2013	FIRST
3	M.Phil	PERIYAR UNIVERSITY	JAN-2016	FIRST

10	Orientation	Course	attanded	
10	Orientation	Course	arrended	•

11 Refresher Courses attended :

12 Short Term Courses Details :

No. of Papers presented in Conference :

List of Papers Presented

1.	
2.	
3.	

No. of papers published in journals :

List of Papers Published:

1.	
2.	

3. List 1. 2. 3.	of other Publica	tion	ıs	:			
	ch Experience (A scholars guided/		-	ization): _	Years,		
Degre	e	G	uided	Awaitir		G	uiding
Ph.l				Viva-Vo	oce		
M.P						_	
	./M.Com,/M.Sc						
dicatio	n of Ph.D., Thes	ses:					
Sl.No.	Name of Scholar	Na	ame of the	College	Name of the Supervisor		Date
ber of	Ph. D., Scholars	Awa	arded:	_	<u> </u>		
Sl.No.	Name of Schol	lar	Title of the	e Thesis		Date Viva	
	Ph.D., Scholars A	Awa	iting Publi	c Viva-Vo	ce Examinat	tion:	
Any r	esearch projects	s :					
facul	you availed any sy improvement amme						
board	ou an editorial member in any ed journal	:					

nber/s		Date		Institu	ıtion	Act	
1	,,	Date		Institt	1011	Act	
2							
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rd of S	Studies	3					
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nber o	f Docto	oral Co	ommittee				
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ernal l	Examin		Ph. D., Vi		Name of	the	Supervisor
Sl. No.			1			the	Supervisor
SI. No.			Research		Name of	the	Supervisor
S1. No. 1			Research		Name of	the	Supervisor
SI. No.			Research		Name of	`the	Supervisor
S1. No. 1			Research		Name of	the	Supervisor
S1. No. 1			Research		Name of	the	Supervisor
S1. No. 1			Research		Name of	`the	Supervisor
S1. No. 1 2 3	Date		Research		Name of	`the	Supervisor
S1. No. 1 2 3	Date	gnitio	Research Scholar n if any:		Name of College		
S1. No. 1 2 3	Date	gnitio	Research Scholar n if any:		Name of College		Supervisor
S1. No. 1 2 3 Award	Date	gnitio	Research Scholar n if any:		Name of College		t/Statutory
S1. No. 1 2 3 Award ards/R	Date	gnitio s Rece	Research Scholar n if any:	eachers	Name of College from Gov		

22 Have you served as a :

Resource

24.	Positions	held	(Coordinator):	NCC/NSS	RRC/YRC:
			•		•

1.

2.

25. Conferences/Workshops organized:

Sl.No.	Event	Year
1		
2		
3		

26 Faculty Recharging :

Programme Attended

27 Deputation undertaken if :

any

28 Any other programmes

attended for the

betterment of teaching and

research

30 Any other innovative

teaching strategy

Any other information :

31. Address for Reference:

4-PILLAIYAR KOVIL STREET, PAPPIREDDIPATTI. (P.O)&(T.K), DHARMAPURI(DT), 636905.

Place: PAPPIREDDIPATTI

Date: Signature

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