




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	DR. BHARGAVI V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6, MAHATMA GANDHI STREET, THENTHIRUPIRAI
Line 2	TUTICORIN, 628623
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9442809730
Email	BHARGAVI@GRACECOE.ORG
Gender	FEMALE
Community	BC
PAN Number	BAUPB7103C
Passport Number	
Aadhar Number	421106560053
Faculty code given by C.O.E.	9503404
Faculty code given by A.I.C.T.E.	143777359978
Date of Birth	30-10-1986
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.COM.	COMMERCE	2007	OTHERS - GOVINDA MMAL ADITANAR COLLEGE FOR WOMEN TIRUCHE NDUR	MANOMANIAM SUNDARNAR UNIVERSITY	58	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2010	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	68	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	07-09-2023	22-02-2024	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 :

