




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	MS. AYAMMAL ANITHA B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7/37A TMB OPPOSITE NEHRUJI NAGAR, MULLAKKADU
Line 2	TUTICORIN, 628005
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9566627592
Email	AYAMMALANITHA@GRACECOE.ORG
Gender	FEMALE
Community	BC
PAN Number	BXIPA3041F
Passport Number	
Aadhar Number	860603729256
Faculty code given by C.O.E.	9503405
Faculty code given by A.I.C.T.E.	143777360036
Date of Birth	11-02-1997
Age	27
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	2018	OTHERS - ST MARYS COLLEGE TUTICORIN	MANOMANIAM SUNDARNAR UNIVERSITY	70	FIRST CLASS	
P.G.	OTHERS - MHRM	OTHERS - SSC	2020	OTHERS - ST MARYS COLLEGE TUTICORIN	MANOMANIAM SUNDARNAR UNIVERSITY	7.49	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

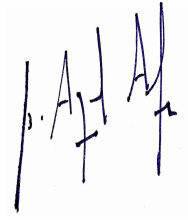
VI. C.O.E. Appointment Experience :

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 :

A handwritten signature in blue ink, appearing to be 'P. A. A.', is located within a rectangular box. The signature is written in a cursive style with some vertical strokes.