**Faculty**- **Qualification and Experience**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| N**ame of the Department**  Affix and Attest  passport  size photograph | | | **:** | Commerce | | |
| **Name of the faculty member** | | | **:** | Dr. D. Andrews Scott | | |
| **Present Designation** | | | **:** | Assistant professor | | |
| **Residential Address** | | | **:** | 80 B 1 St Mary’s Street, Ramanputhur, Nagercoil 629 004 | | |
| **Contact Nos.** | | | **:** | Landline: Mobile 9443970552  Email : scott\_sxc@rediffmail.com | | |
| **Gender** | | | **:** | Male / Female / TG: Male | | |
| **Community** | | | **:** | OC / BC / MBC / SC / ST: BC | | |
| **PAN Number :** | **OC / B** |  | | **ALAPA9315R**  **Aadhaar Number** | **:** | 6570 8966 4130 |
| **Date of Birth and Age** | | | **01-07-1968, 54** |  | | |
| **Date of joining the present post** | | | **: 28-02-2011** |  | | |
| **Date of Retirement**  **Scale of pay** | | | **: 31-05-2029**  **:** |  | | |
| **Present basic pay** | | | **:** |  | | |
| **Total salary** | | | **:** |  | | |

**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 / Grades obtained** | **Class obtained** |
| **UG** | **B.com** | **Commerce** | **1988** | **S.T.Hindu College** | **Madurai Kamaraj University** | **58.75** | **II class** |
| **PG** | **M.com** | **commerce** | **1991** | **St.Xavier’s College** | **Madurai Kamaraj University** | **68** | **I Class** |
| **Ph.D.** | **Commerce** | **Commerce** | **2010** | **Manonmaniam Sundaranar University** | **Manonmaniam Sundaranar University** |  |  |

**I.a. Additional Qualification : M.Phil, MBA, MHRM, PGDCA, B.Ed**

**NET / SLET : No**

**II. a. Title of Ph.D. Thesis :Growth of Fishnet Industries in Kanyakumari District- An Empirical Study**

**b. Faculty/Discipline/Subject in which Ph.D. was awarded : Entreprenurship**

**III.a. Number of Ph.D scholars completed: Nil**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
| **1** | RM. Kalaivani | R20162711/2021 | 08.12.2021 | Alagappa University |
| **2** | C. Kasthuri | R20162680/2021 | 09.11.2021 | Alagappa University |
| **3** | Rency Joseph | R20162793/2022 | 31.03.2022 | Alagappa University |
| **4** | Neetha Francis | R20162794/2022 | 31.03.2022 | Alagappa University |

**c. Number of projects received from various funding agency:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Name of the Funding Agency** | **Amount sanctioned** | **Amount Received** | **Under which Plan** |
|  | **No** |  |  |  |

**IV. Academic Experience:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the College** | **Whether Govt/Aided/S.F.** | **Designation** | **Joining Date** | **Relieving Date** | **Experience** | | |
| **Years** | **Months** | **Days** |
| St. Xaviers College  Sardar Raja Arts and Science College  St Xaviers College  Alagappa Government Arts College  Government Arts and Science College | Self Finance  Self Finance  Self Finance  Government  Government | **Lecturerer**  **Assistant Professor**  **Assistant professor**  **Assistant professor**  **Assistant professor** | **12-06-1995**  **13-06-2000**  **17-06-2002**  **28-02-2011**  **20-12-2022** | **13-06-2000**  **16-06-2002**  **24-02-2011**  **19-12-2022**  **Still date** | 5  2  8  11 | 8  9  4 | 7  19 |
| **Total** | | | | | 27 | 9 | 26 |

**V. Administrative/other Experience:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Organisation** | **Designation** | **Nature of Work** | **Joining Date** | **Relieving Date** | **Experience** | | |
| **Years** | **Months** | **Days** |
| No |  |  |  |  |  |  |  |
| **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)