

## **BIO-DATA**

| 1     | Name   | M.PITCHAIPANDI                                |                         |                          |                               |                        |                |                |                |  |  |  |
|-------|--|---|-------------------------|--------------------------|-------------------------------|------------------------|----------------|----------------|----------------|--|--|--|
| 2     | Father's / Husband Name  | K.MUTHAIAH                                    |                         |                          |                               |                        |                |                |                |  |  |  |
| 3     | Designation  | ASST.PROFESSOR IN TAMIL (PTA)                 |                         |                          |                               |                        |                |                |                |  |  |  |
| 4     | Date of Appointment  | 29.07.2015                                    |                         |                          |                               |                        |                |                |                |  |  |  |
| 5     | Date of Birth and age  | 20.05.1988 - 35                               |                         |                          |                               |                        |                |                |                |  |  |  |
| 6     | Gender   | Male  |                         |                          |                               |                        |                |                |                |  |  |  |
| 7     | Address for communication  | 16 /66, E, PERANDAMMAL STREET SIVAKASI – 6261 |                         |                          |                               |                        |                |                |                |  |  |  |
| 8     | Contact Number   | 9566710728                                    |                         |                          |                               |                        |                |                |                |  |  |  |
| 9     | Email ID   | pitchaipandi1988@gmail.com                    |                         |                          |                               |                        |                |                |                |  |  |  |
| 10    | Educational Qualifications   | MA.,M.phil., B.Ed.,                           |                         |                          |                               |                        |                |                |                |  |  |  |
| Sl.No | Name of Degree   | Subject                                       | Nai                     | me of Coll<br>University | lege                          | Month<br>Year o        | of             | Class Obtained |                |  |  |  |
| i     | Ph.D   | -   |                         | -                        |                               | -                      |                | -              |                |  |  |  |
| ii    | M.Phil   | -   |                         | GE SIV<br>RAI KA         |                               | 2015                   |                | First          |                |  |  |  |
| iii   | M.A/M.Sc/M.Com/M.B.A   | Tamil   | SRI<br>COLLE            | KALI<br>GE SIV<br>RAI KA |                               | 2014                   |                | First          |                |  |  |  |
| iv    | B.A/B.Sc/B.Com/B.B.A   | Tamil   | SRI<br>COLLE            | KALI<br>GE SIV<br>RAI KA |                               | 2011                   |                | First          | First          |  |  |  |
| v     | B.Ed./M.Ed   | -   |                         | -                        |                               | -                      |                | <del>-</del>   |                |  |  |  |
| vi    | Any other degree   | -   |                         | -                        |                               | _                      |                |                | -              |  |  |  |
| vii   | Any other course   | _   |                         |                          |                               |                        |                | _              |                |  |  |  |
|       | v  |   | <u> </u>                |                          |                               |                        |                |                |                |  |  |  |
| 11    | Area of Specialization Professional                                    |   | llakkanam and Kaappiyam |                          |                               |                        |                |                |                |  |  |  |
| 12    | Recognition:(Awards/Prize<br>Certificate/Fellowships if an<br>mention) |   |                         |                          |                               |                        |                |                |                |  |  |  |
| 13    |  | ntation /Refresher Program                    |                         |                          |                               |                        |                |                |                |  |  |  |
| 14    | Teaching Experience  |   |                         |                          | 8 years                       |                        |                |                |                |  |  |  |
| 15    | Research Experience  |   |                         |                          |                               |                        |                |                |                |  |  |  |
| 16    | Research Guidance (Numbers only)                                       |   | P. Guided & awarded     | G<br>Guiding<br>Now      | M.I<br>Guided<br>&<br>awarded | Phil<br>Guiding<br>Now | Guided & award | Ph.D<br>ded    | Guiding<br>Now |  |  |  |
| 17    | Details of Research Grant if any give details                          | eceived                                       | -                       |                          | -                             | -                      | <del>-</del>   | <u> </u>       |                |  |  |  |

| 18 | Patent Right granted if any   |                       |                      |                         |           |  |  |
|----|---|-----------------------|----------------------|-------------------------|-----------|--|--|
| 19 | Number of conference /Symposia /Seminar / workshop organized  | Conference: Symposia: |                      | Seminar:                | Workshop: |  |  |
| 20 | Number of conference /Symposia /Seminar / workshop attended   | Conference:           | onference: Symposia: |                         | Workshop: |  |  |
| 21 | Number of papers presented in conference/ Symposia /Seminar   | Conference:           | rence: Symposia:     |                         | Seminar:  |  |  |
| 22 | Number of papers Published in   | National Journal: 5   |                      | International Journal:5 |           |  |  |
| 23 | Books / Reports / Chapters /<br>General articles etc Published if<br>any (give title and reference) | 4                     |                      |                         |           |  |  |
| 24 | Details of abroad visit if any (Name of country only)   |                       |                      |                         |           |  |  |