



ST. JOHNS COLLEGE OF ARTS & SCIENCE

AMMANDIVILAI, NAGERCOIL, KANYAKUMARI DIST, TAMIL NADU, INDIA

Staff Information

PERSONAL INFORMATION

Gender :
Salutation : Dr
Staff Name : Dr. V. Y. Dasappan
Bloodgroup :
Designation : Principal
Date of Birth : 00-00-0000
Date of Joining : 00-00-0000

ADDRESS DETAILS

Door No :
Street :
Postal :
Pincode :
Country :
State :
City :

CONTACT DETAILS

Mobile Number :
Email :

PARTICULARS OF EDUCATIONAL QUALIFICATION

Category	Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of marks/Grade	Class

NUMBER OF Ph.D SCHOLARS COMPLETED

S.No	Name of the Scholar	Register No	Year of Completion	Name of the University
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NO OF Ph.D SCHOLARS REGISTERED UNDER GUIDANCE (University wise)

S.No	Name of the Scholar	Register No	Date of Registration	Name of the University
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NUMBER OF PROJECTS RECEIVED FROM VARIOUS FUNDING AGENCIES

S.No	Name of the funding agency	Amount sanctioned	Amount Received	Under which plan
1				

RESEARCH ARTICLES PUBLISHED IN JOURNALS/PRCEEDINGS

S.No	Title of the article	Journal Name	ISSN No	Year of Publication	Volume/Issue/Page No.	Impact Factor
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NATIONAL JOURNAL

S.No	Title of the article	Journal Name	ISSN No	Year of Publication	Volume/Issue/Page No.	Impact Factor
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IN SEMINAR/CONFERENCE PROCEEDINGS

S.No	Name of Seminar/Conference	International/National/Regional	Venue/Sponsor	Year of Publication	Page No	ISBN No/if any
1						

IN SEMINAR/CONFERENCE/WORKSHOP ATTENDED

S.No	Name of Seminar/Conference/Workshop	International/National/Regional	Venue	Sponsor	From	To
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IN SEMINAR/CONFERENCE/WORKSHOP ORGANIZED

S.No	Name of Seminar/Conference/Workshop	International/National/Regional	Venue	Sponsor	Date	Served as organising Secretary/Convenior etc
1						

BOOKS/CHAPTER IN A BOOK PUBLISHED

S.No	Name of the book	Publisher	Year	ISBN No
1				

AWARDS/RECOGNITION RECEIVED

S.No	Name of the Award	Issued by	Date	Venue
1			--	

SERVED AS RESOURCE PERSON

S.No	Name of the Seminar/Conference/Workshop	International/National/Regional	Date	Venue
1			--	

MEMBERSHIP IN ACADEMIC BODIES

S.No	Name of the forum	Acted as	Duration	Any other Information
1				

ACTED AS EDITOR?REFEREE IN JOURNALS

S.No	Name of Journal	Editor/referee	International/National/Regional	ISSN/ISBN No
1				

ACADEMIC EXPERIENCE

Name of College	Whether Govt/Aided/S.F	Designation	Joining Date	Reliving Date	Years	Months	Days
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ADMINISTRATIVE/OTHER EXPERIENCE

Name of the Organization	Designation	Nature of Work	Joining Date	Reliving Date	Years	Months	Days
			--	--			

OTHER ACADEMIC INFORMATION

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