

PROFORMA FOR BIODATA

1. Name : Sowmya S K
2. Designation : Assistant Professor
3. Department : BCA
4. Correspondence Address : No. 86 3rd main street
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5. Email and Contact number : sowmishree11065@gmail.com
: 8056620719
6. Date of Birth : 05.06.2000
7. Gender : female
8. Category (Gen/SC/ST/SCA/DNC/MBC/BCM/BC) : BC
9. Whether differently abled : No
10. Academic Qualification

	Degree	Year	Subject	University/Institution	% of Marks
	M.Sc	2024	Computer Science	Cauvery College for Women(autonomous)	82.9%
	B.Sc	2022	Computer Science	Urumu Dhanalakshmi College for arts and science	83%
	HSC	2018		Chellammal Metric Hr. Sec. School	87%
	SSLC	2016		Montfort School Kattur	87.3%

11. Ph.D thesis title

Guide's Name

Institution/ University

Year of Award

12. Work Experience

S. No	Position held	Name of the Institute	From	To	Pay Scale

13. Professional Recognition/ Award/ Certificate/ Fellowship received by the applicant

14. Publications

S. No.	Author(s)	Title	Name of Journal	Volume	Page	Year

h-index

i10 index

Total citations

15. Details of patents

16. Books/ Reports/Chapters/General articles etc

S. No	Title	Author's Name	Publisher	Year of Publication

17. Research guidance

Ph.D. : Awarded :

Submitted :

On going :

M.Phil. : Awarded :

M.Sc. Dissertation : Awarded :

18. List of Completed/Ongoing/Submitted projects

S.No	Title of theProject	Duration		Total Cost (Rs.)	Name of Funding Agency	Status
		From	To			

(a) Major Results/ Highlights of the project including achievement(publications, patents etc.),

for completed projects

(b) Up-to date Technical progress report for on-going projects.

19. Membership

(a) Professional bodies

(b) Editorial board

(c) Advisory board

(d) Academic bodies

20. Countries visited

21. Any other Information

DECLARATION:-

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

Place: Tiruchirappalli

Date: 16.07.2024

S K Sowmya
Signature