

PROFORMA FOR BIODATA

1. Name : M V KAVITHASHRI
2. Designation : ASSISTANT PROFESSOR
3. Department : BCA
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5. Email and Contact number : mv.kavithashri@gmail.com & 9750433334
6. Date of Birth : 26-12-1996
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
	MSc	2017-2019	Computer science	Shrimati Indira Gandhi College, Trichy.	86.51%
	BSc	2014-2017	Computer science	Shrimati Indira Gandhi College, Trichy.	92%

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 the Project	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: Tiruchirapalli

Date: 13-07-2024

Signature : M V Kavithashri