





<b>Name of the College</b>	4125 - SRI SAI RAM ENGINEERING COLLEGE (AUTONOMOUS)
<b>Name of the Department</b>	MASTER OF BUSINESS ADMINISTRATION
<b>Name of the Degree &amp; Course</b>	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
<b>Name of the faculty member</b>	DR. ARUNACHALAM L
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	PROFESSOR
<b>Residential Address</b> Line 1	NO 74 16TH CROSS ST PADMAVATHY NAGAR EXTN MADMABAKKAM
Line 2	CHENNAI
<b>District</b>	KANCHEEPURAM
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9677054441
<b>Email</b>	ARUNACHALAM.MBA@SAIRAM.EDU.IN
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	ADHPA3029K
<b>Passport Number</b>	
<b>Aadhar Number</b>	463312605727
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	13592623293
<b>Date of Birth</b>	10-04-1963
<b>Age</b>	60
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - ZOOLOGY	1983	OTHERS - ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	65	FIRST CLASS	
P.G.	M.B.A.	OTHERS - MARKETING	1988	OTHERS - ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	59	FIRST CLASS	
PH.D.	PH.D.	BUSINESS ADMINISTRATION	2008	OTHERS - ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	NA		

\* Upload Scanned copy of Original Degree Certificate.

**I.a. Additional Qualification :-** NO ADDITIONAL QUALIFICATION

Score :

File :

**II. Title of Ph.D. Thesis**

A STUDY ON CUSTOMER SATISFACTION OF NET BANKING SERVICES

**III. Faculty in which Ph.D. was awarded**

OTHERS

**IV. Academic Experience :**

**( Start from the Current working Experience ) \***

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
SRI SAI RAM ENGINEERING COLLEGE (AUTONOMOUS)	PROFESSOR	10-07-2009	07-03-2023	13	7	29
<b>Total</b>				13	7	2

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

**VI. C.O.E. Appointment Experience :**

**Capacity at which service is extended for the conduct of Examination during the last year**

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**