

FACULTY PROFILE

Personal Details

Name : M.KALAIYARASI
Designation : ASSISTANT PROFESSOR
Department : TAMIL
Date of Birth : 29.06.1991
Contact Address : 234/A North Street Nanamedu Cuddalore 608701
Mobile No :6379056991
E-mail : MuruganKalaiyarasi62@gmail.com
Area of specialization : Tamil



Educational Qualification

Degree/ Diploma	Subject	Institution / University	Year of Completion	Grade / Percentage
BHD	TAMIL	Annamalai University	2022	Waiting for vaiva
M.phil	TAMIL	Annamalai University	2018	8.10
MA	TAMIL	Annamalai University	2016	67
BA	TAMIL	Arts and science College	2014	59

Teaching Experience

Sl. No.	Name of the college / institution	Year		Service	
		From	To	Year(s)	Month(s)
1.					

Orientation / Refresher / Faculty Development Programme

Attended

Title of the Programme	Place	DATE
Nanmudhalvan faculty department program	Annamalai University Annamalai Nagar	21.08.2023 to 25.08.2023
Faculty of Indian languages	Arts and science College	2016 to 2017

Workshop / Seminar Programme Attended

Title of the Programme	Place	DATE
Computer technology and Tamil linguistic	Annamalai University Annamalai Nagar	
கணினியும் இணையமும்	Arts and science College	

National / International Conference Attended

Title of the Conference	Place	DATE

Research Papers Presented

Title of the Paper	Place	DATE

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Research Papers Published

Title of the Paper	Journal	ISSN/Volume/Year

Key Positions/Responsibilities Held / Holding

Position / Responsibility	Institution / Organization	Period	
		From	To

Project Guidance

S.No	Project Guided	No.of Students
	UG	
	PG	
	M .Phil	

Other Details (if any)

S.No	Details