

## Faculty- Qualification and Experience

**Name of the Department** : Commerce  
**Name of the faculty member** : Dr. D. Andrews Scott  
**Present Designation** : Assistant professor  
**Residential Address** : 80 B 1 St Mary's Street, Ramanputhur, Nagercoil 629 004  
**Contact Nos.** : Landline: Mobile 9443970552  
Email : scott\_sxc@rediffmail.com  
**Gender** : Male / Female / TG: Male  
**Community** : OC / BC / MBC / SC / ST: BC  
**ALAPA9315R**

**PAN Number** : 6570 8966 4130  
**Aadhaar Number** :

**Date of Birth and Age** : 01-07-1968, 54

**Date of joining the present post** : 28-02-2011

**Date of Retirement** : 31-05-2029

**Scale of pay** :

**Present basic pay** :

**Total salary** :

### I. Particulars of Educational Qualification: (Awarded only) Ref.No./Date/Copy to be enclosed

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained	Class obtained
UG	B.com	Commerce	1988	S.T.Hindu College	Madurai Kamaraj University	58.75	II class

PG	M.com	commerce	1991	St.Xavier's College	Madurai Kamaraj University	68	I Class
Ph.D.	Commerce	Commerce	2010	Manonmaniam Sundaranar University	Manonmaniam Sundaranar University		

I.a. Additional Qualification : M.Phil, MBA, MHRM, PGDCA, B.Ed

NET / SLET : No

II. a. Title of Ph.D. Thesis :Growth of Fishnet Industries in Kanyakumari District- An Empirical Study

b. Faculty/Discipline/Subject in which Ph.D. was awarded : Entrepreneurship

III.a. Number of Ph.D scholars completed: Nil

S.No	Name of the Scholar	Register Number	Year of completion	Name of the University

b. Number of Ph. D scholars registered under Guidance (University wise):

S.No	Name of the Scholar	Register Number	Date of Registration	Name of the University
1	RM. Kalaivani	R20162711/2021	08.12.2021	Alagappa University
2	C. Kasthuri	R20162680/2021	09.11.2021	Alagappa University
3	Rency Joseph	R20162793/2022	31.03.2022	Alagappa University
4	Neetha Francis	R20162794/2022	31.03.2022	Alagappa University

c. Number of projects received from various funding agency:

S.No.	Name of the Funding Agency	Amount sanctioned	Amount Received	Under which Plan
	No			

IV. Academic Experience:

Name of the College	Whether Govt/Aided/S.F.	Designation	Joining Date	Relieving Date	Experience		
					Years	Months	Days
St. Xaviers College	Self Finance	Lecturerer	12-06-1995	13-06-2000			
Sardar Raja Arts and Science College		Self Finance	Assistant Professor	13-06-2000	16-06-2002	5	
St Xaviers College	Self Finance	Assistant professor	17-06-2002	24-02-2011	2		19
Alagappa Government Arts College		Government	Assistant professor	28-02-2011	19-12-2022	8	8
Government Arts and Science College	Government	Assistant professor	20-12-2022	Still date		9	4
<b>Total</b>					27	9	26

**V. Administrative/other Experience:**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
No							
<b>Total</b>							

**VI. Other Relevant Information :**

It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty**

(Endorsement by the Principal)

