

DEPARTMENT OF BOTANY	
Name	Dr. S. RAVIKUMAR
Designation	Assistant Professor
Qualification	M.Sc.,M.Phil.,Ph.D.
Date of Birth & Age as on 31-05-2024	05.06.1974&50
Working experience as on 31-05-2024	23 Years
Research experience: Field of interest/ Area of specialization	23 Years Environmental biology and Biotechnology
Research Scholars	01
Details of Papers/Books Published	04
Details of participation in conferences/seminar/Symposium	Conference-60 Seminar-50
Details of conferences/ workshop/Seminars/Symposium organized	Nil
Awards and Achievements	02
Administrative responsibilities in college	Nil
Membership in Academic/Professional bodies	Nil
Residential/Communication address	44,East Street, SamattikuppamPost, Kurinjipadi-Taluk, Cuddalore –Dt Pin code-607 302 E-mail- drsrk74@gmail.com Mobil. 8754352231
Other information, if any	

