

DEPARTMENT OF BOTANY



Name	Dr.M.SIVAKAMASUNDARI
Designation	ASSISTANT PROFESSOR
Qualification	M.Sc., M.Phil.,P.hD.,
Date of Birth & Age as on 31-05-2024	15.06.1972 &51 and 11 months
Working experience as on 31-05-2024	15 and 7 months
Research experience: Field of interest/ Area of specialization	10 Years &Cytotaxonomy
Research Scholars	Nil
Details of Papers/Books Published	Nil
Details of participation in conferences/seminar/Symposium	05
Details of conferences/ workshop/Seminars/Symposium organized	Nil
Awards and Achievements	Nil
Administrative responsibilities in college	Nil
Membership in Academic/Professional bodies	Nil
Residential/Communication address	THUNISIRAMEDU C.VEERACHOLAGAN (PO) CHIDAMBARAM –TALUK CUDDALORE-DISTRICT PIN CODE: 608602
Other information, if any	Nil

