

1.	Basic Information:	
	Name:	Dr.S.P.VINOTHA
	Designation:	ASSISTANT PROFESSOR
	Department:	ZOOLOGY
	Specialization:	VERMICULTURE
	Mobile No:	9940914514
	Email:	Vinothavin@gmail.com
2.	Membership in Professional bodies	
	1.	-
	2.	-
	3.	-
	4.	-
3.	Project Details:	
	Title:	-
	Duration:	-
	Funding Agency:	-
	Amount Sanctioned:	-
4.	Publications:	
	Number Of Papers/Books published:	
	(i) Papers:	2
	(ii) Books:	-
	Number of Seminar/ Conference/ Workshop	
	(i) Organized	-
	(ii) Participated	5
5.	Research Guidance	
	M.Phil	Guided: - Guiding: -
	Ph.D	Guided: -Guiding: -