

DEPARTMENT OF BOTANY



DEPARTMENT OF BOTANY		
Name	Dr.S.SRIDEVI	
Designation	Assistant Professor	
Qualification	M.Sc.,M.Phil.,Ph.D.	
Date of Birth & Age as on 31-05-2024	21.03.1982 & 42	
Working experience as on 31-05-2024	9 Years	
Research experience: Field of interest/Area of specialization	7 Years Stress Physiology	
Research Scholars	Nil	
Details of Papers/Books Published	4 Papers	
Details of participation in conferences/seminar/Symposium	Seminar-5 Conference-3	
Details of conferences/ workshop/Seminars/Symposium organized	Nil	
Awards and Achievements	Nil	
Administrative responsibilities in college	Nil	
Membership in Academic/Professional bodies	Board of Studies in Botany-UG	
Residential/Communication address	126, Kamaraj Nagar, Vanniyarpalayam Cuddalore –Dt Pincode-600701 E-mail- srieviphd1982@gmail.com Mobil.8610662385	
Other information, if any		

