



ANNA UNIVERSITY OF TECHNOLOGY, COIMBATORE - 641047

INDIVIDUAL FACULTY DATA SHEET

Name of the Institution : Bannari Amman Institute of Technology
Name of the faculty member with present: Ikuko Devadas, Japanese Language Teacher designation
Residential Address : 6/77 Anna Nagar, Trichy Rd,
Ramanathapuram, Coimbatore
Contact Nos. : Landline : 0422-2311373
Mobile : 9843531133
E-mail : ikuko@airtelmail.in
Gender : Female
Department : English
Date of Birth : 12.12.1931

I. Particulars of Educational Qualification :

Degree	Graduate Degree	Year of Passing	Name of the College & University	% of Marks obtained	Class obtained	Specialization
UG	BA	1954	Waseda University, Tokyo			Psychology
PG	MA	1955-1956	Purdue University, USA			Psychology
Ph.D.						

I.a. Additional Qualification* :
i. GATE Score (In case of B.E./B.Tech.) :
ii. NET / SLET (In case of M.C.A. /M.Sc. /M.A.) :
II. Title of Ph.D. Thesis * :
III. Faculty in which Ph.D. was awarded :
IV. Academic Experience as on April 2011 * : 10 Years

Name of the College	Year of Experience		
	As Lecturer	As Asst. Professor	As Professor
Avinashilingam Home Science College	Guest Lecturer		

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	No. of Years	Total No. of years
K.G Hirotec	Instructor And Translator	Translator		
Tata consultancy Service	Japanese Teacher			
Robert Bosch	Japanese Teacher			

VI. Publications (if any) : Journals: National ____ International ____
 (Enclose Reprints and list of Publications) Conferences: National ____ International ____

VII. Patents / Awards (if any) : -
 (Enclose the copy of the Patent)

VIII. Books (if any) : -
 (Enclose copy of the 1-3 pages of Book)

IX. Other Relevant Information :

Declaration:

I declare that all the information given above is true to the best of my knowledge.
 Enclose copies of certificates and testimonials as proof

Signature of the Faculty

(Endorsement by the Principal)

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Remarks of Certificate Verifying Officer / Chairman of Inspection Committee:

Eligible to hold the post of _____

Verifying Officers

**CHAIRMAN/ Member
Inspection Committee**