

Resume



GENERAL INFORMATION		
1.	Name (in Block Letters)	Dr. C. SARAVANA GANDHI
2.	Father's name/Mother's name	T. CHANDRAKASAN
3.	Department	Department of Physical Education & Sports Sciences
4.	Current Designation	Assistant Professor
5.	Date of Appointment	24.02.2009
	i) In the institution ii) In the present post	
6.	Date and place of Birth	15.05.1981
7.	Sex	Male
8.	Marital Status	Married
9.	Nationality	Indian
11.	Blood Group	A1+ve
12.	Address for correspondence	Assistant/Associate Professor/ Professor Department of Physical Education & Sports Science Annamalai University Annamalai Nagar – 608 002 Tel: 04144-237229

13.	Permanent Address	S/o. T. Chandrakasan Pillaiyarathangal & PO Kattumannarkoil TK Cuddalore Dist.
14	Local Address	Dr.C. SARAVANA GANDHI Assistant Professor Department of Physical Education & Sports Science Annamalai University Annamalai Nagar
15.	Telephone No.	
	Mobile No.	9842802836
	Email.	c.saravanagandhi@gmail.com