



International Journal of Management Studies and Social Science Research

ISSN: 2582-0265

www.ijmsssr.org

RESEARCHER/PROFESSOR INFORMATION FORM

S.No.	Particulars*	Researcher/Professor must be filled
1.	First Name	SASIKALA S
2.	Last Name	-
3.	Contact no.	8754767274
4.	WhatsApp no.	8754767274
5.	Email	drsasikalapsy@gmail.com
6.	Designation	Assistant Professor
7.	Institute name and Address	University of Madras, Chennai
8.	Residential Address	39. Kamar Nagar 2 nd Street, Periyar Nagar, Chennai
9.	Degree / Qualifications	M.Sc., M.Phil., Ph.D
10	Subject	Psychology
11	URL of Profile on Website of Institute	https://www.unom.ac.in/index.php?route=department/department/deptpage&deptid=62
12	URL of Personal Website / Blog	-
13	URL of Google Scholar profile	https://scholar.google.com/citations?user=KFPEdpYAAAAJ
14	URL of Research Gate	https://www.researchgate.net/profile/Sasikala-S-3?ev=hdr_xprf
15	URL of ORCID ID	https://orcid.org/0000-0003-1765-7546

16	SSRN ID/ URL	-
----	--------------	---