

Name	: C.SAMSON
Gender	: MALE
Designation	: ASSISTANT PROFESSOR
Department	: PHYSICAL EDUCATION HEALTH EDUCATION AND SPORTS
Date of Birth	: 17-06-1977
Date of Appointment	: 02-01-2003
Mobile Number	: 7598835484
E-mail	: Samson@scottchristian.org
Qualification	: B.Com, M.P.Ed, M.Phil, Ph.D
Approved Guide(University Name)	: MSU
Served as Resource Person	: NIL
List of Publications	: NIL
Project Details	:NIL