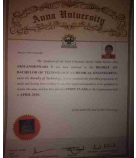|	
Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	CHEMICAL ENGINEERING
Name of the Degree & Course	B.TECH.-CHEMICAL ENGINEERING
Name of the faculty member	MRS. AKILANDESWARI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	19, SS NAGAR 2ND STREET, TNK PURAM
Line 2	TIRUPUR - 641601
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 8248398008
Email	AKILACHEM935@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BCLPA2369G
Passport Number	
Aadhar Number	388961389277
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9314737615
Date of Birth	09-03-1995
Age	28
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	CHEMICAL ENGINEERING	2016	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	73.2	FIRST CLASS	
P.G.	M.TECH.	CHEMICAL ENGINEERING	2020	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.79	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	NIL
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-10-2020	03-03-2023	2	5	3
			Total	2	5	5

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :