




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	MS. KAAVIYA P S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	17 KP NAGAR, 1ST CROSS, ATHUR POST
Line 2	KARUR, 639008
District	KARUR
Telephone number	-
Mobile number	+91 - 8870454644
Email	KAHVSPS@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DPLPK9086P
Passport Number	
Aadhar Number	825298982783
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	02-04-1997
Age	26
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.	PETROCHEMICAL TECHNOLOGY	2018	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	ANNA UNIVERSITY	81	FIRST CLASS	
P.G.	M.TECH.	CHEMICAL ENGINEERING	2022	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	85	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

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	01-07-2022	28-01-2023	0	6	28
Total				0	6	1

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



Signature of the Faculty :