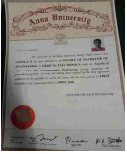



Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	BIO-MEDICAL
Name of the Degree & Course	B.E.-BIOMEDICAL ENGINEERING
Name of the faculty member	MS. AGEELA N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	46-B-2, KOTTAI STREET, SANKARI
Line 2	SALEM
District	SALEM
Telephone number	-
Mobile number	+91 - 6380526681
Email	AGEEESEC@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	BRXPN1520K
Passport Number	
Aadhar Number	619878304973
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9313675558
Date of Birth	21-07-1997
Age	27
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.E.	MEDICAL ELECTRONICS	2018	SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.62	FIRST CLASS	
P.G.	M.E.	MEDICAL ELECTRONICS	2020	SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.90	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	02-11-2020	30-01-2024	3	2	28
Total				3	2	29

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.

A handwritten signature in blue ink, appearing to be 'N. A.', is written on a grey rectangular background.

Signature of the Faculty :