



<b>Name of the College</b>	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-BIOMEDICAL ENGINEERING
<b>Name of the faculty member</b>	MRS. GOMATHI N
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	34,SRI SIRAGIRI ILLAM,ARACHALUR ROAD,CHENNIMALAI
Line 2	ERODE-638051
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 7373330241
<b>Email</b>	GOMES.JEGAN@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BSSPG1895G
<b>Passport Number</b>	
<b>Aadhar Number</b>	802519180549
<b>Faculty code given by C.O.E.</b>	7317168
<b>Faculty code given by A.I.C.T.E.</b>	12981171440
<b>Date of Birth</b>	30-05-1982
<b>Age</b>	42
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2013	M P NACHIMUTHU M JAGANATHAN ENGINEERING COLLEGE	ANNA UNIVERSITY	7.8	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2015	M P NACHIMUTHU M JAGANATHAN ENGINEERING COLLEGE	ANNA UNIVERSITY	8.0	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	24-08-2022	30-01-2024	1	5	7
M P NACHIMUTHU M JAGANATHAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2016	23-08-2022	6	1	23
<b>Total</b>				<b>7</b>	<b>6</b>	<b>3</b>

**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 :