




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. MOHANAVALLI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	73/41C8-3A, BHARATHI NAGAR,PALAIKADU
Line 2	KOMARAPALAYAM NAMAKKAL
District	ERODE
Telephone number	-
Mobile number	+91 - 8754302544
Email	MOHANAVALLI47@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	COJPM1439Q
Passport Number	
Aadhar Number	551511357758
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9313675686
Date of Birth	20-07-1996
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.E.	BIOMEDICAL ENGINEERING	2018	SRI RAMAKRISHNA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	77	FIRST CLASS	
P.G.	M.E.	MEDICAL ELECTRONICS	2020	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	82	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	04-02-2021	30-01-2024	2	11	24
Total				2	11	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 Examination 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 :

