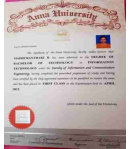
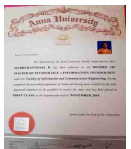


<b>Name of the College</b>	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND DESIGN
<b>Name of the faculty member</b>	MS. MADHURANTHAKI R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	KOONAKKAPALAYAM, OLAGADAM POST
Line 2	BHAVANI TK , ERODE DT - 638314
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8870607132
<b>Email</b>	MADHURAGAVAN81@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	EDKPM2673G
<b>Passport Number</b>	
<b>Aadhar Number</b>	472483273158
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	43384484910
<b>Date of Birth</b>	20-10-1990
<b>Age</b>	34
<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.TECH.	INFORMATION TECHNOLOGY	2012	EXCEL COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	65.9	FIRST CLASS	
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2014	MAHARAJA ENGINEERING COLLEGE	ANNA UNIVERSITY	7.74	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	01-06-2022	25-01-2024	1	7	25
<b>Total</b>				<b>1</b>	<b>7</b>	<b>28</b>

**V. Industrial Experience :**

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

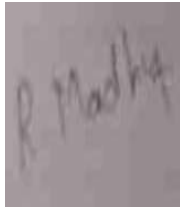
**VI. C.O.E. Appointment Experience :**

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 :**

A rectangular box containing a handwritten signature in dark ink. The signature appears to be "R. Maskey" written in a cursive style.