



<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. PUNITHA GOWRI R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	108, LAKSHMIPURAM, THUDUPATHI PO
Line 2	PERUNDURAI-638057
<b>District</b>	ERODE
<b>Telephone number</b>	0422 - 2494157
<b>Mobile number</b>	+91 - 9944733342
<b>Email</b>	PUNITHAGOWRI@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BWDPP6162Q
<b>Passport Number</b>	
<b>Aadhar Number</b>	689610110197
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	2380886891
<b>Date of Birth</b>	27-09-1990
<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.E.	COMPUTER SCIENCE AND ENGINEERING	2012	NANDHA COLLEGE OF TECHNOLOGY	ANNA UNIVERSITY	88.4	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	84.5	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
KATHIR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-06-2014	30-06-2017	3	0	13
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-03-2021	25-01-2024	2	10	25
<b>Total</b>				<b>5</b>	<b>11</b>	<b>13</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 Examination during the last year**

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days) 4</b>	<b>Central Evaluation (No. of scripts Evaluated) 100</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

