




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND DESIGN
Name of the faculty member	MRS. SIVASELVI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	8/37 ELLAPALAYAM SEENAPURAM
Line 2	PERUNDURAI
District	ERODE
Telephone number	-
Mobile number	+91 - 9659220344
Email	SIVASELVID@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DDHPS5942E
Passport Number	
Aadhar Number	870255278445
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	13555878177
Date of Birth	03-06-1989
Age	35
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.	COMPUTER SCIENCE AND ENGINEERING	2010	VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	85	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	77	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
SASURIE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	30-05-2016	30-12-2021	5	7	1
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	16-02-2022	25-01-2024	1	11	10
MAHARAJA INSTITUTE OF TECHNOLOGY	OTHERS - LECTURER	03-06-2011	29-06-2013	2	0	27
Total				9	7	12

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) 5	Central Evaluation (No. of scripts Evaluated) 100	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 :