Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.ECIVIL ENGINEERING
Name of the faculty member	MS. POOVIZHISELVI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	63 KAVINDAPADI ROAD
Line 2	KANJIKOVIL 638116
District	ERODE
Telephone number	-
Mobile number	+91 - 8300863701
Email	POOVIZHICIVIL@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CRZPP4301F
Passport Number	
Aadhar Number	974934024186
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7452224803
Date of Birth	13-08-1991
Age	33
I. Particulars of Educational Qualification : (only comp	leted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2012	KONGU ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	80.9	FIRST CLASS	and Thistered, and the second of the second
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2014	PAAVAI ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	80.7	FIRST CLASS	Annual Abrillation of the Control of

^{*} 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) *

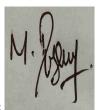
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
TAMILNADU COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	14-10-2014	29-03-2019	4	5	16
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	03-06-2019	25-01-2024	4	7	23
Total					1	10

V. Industrial Experience :

Name of the Organisation Design	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
	Designation				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 External Examiner Central Evaluation** Squad **Re-Evaluation** Member (Practical) (No. of scripts (No. of scripts (No. of (No. of days) Evaluated) **Evaluated**) (No. of days) days)

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty: