




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL 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 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.	CIVIL ENGINEERING	2012	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	80.9	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2014	PAAVAI ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	80.7	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
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				9	1	10

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 :

