



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 ENGINEERING
Name of the faculty member	MS. MAGESHWARI SS
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/123, PALAIYUR
Line 2	SAVAKATTUPALAYAM-638460
District	ERODE
Telephone number	-
Mobile number	+91 - 9585635528
Email	MAGESHWARIS221@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CGLPM0957K
Passport Number	
Aadhar Number	535949804129
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43384264997
Date of Birth	22-01-1992
Age	32
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	2013	GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	ANNA UNIVERSITY	77	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	NANDHA COLLEGE OF TECHNOLOGY	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
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2022	25-01-2024	1	6	25
Total				1	6	28

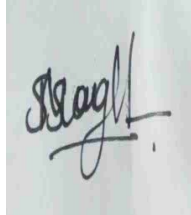
V. Industrial Experience :

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)
----------------------------------	---	--	--	---

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



Signature of the Faculty :