



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	MRS. SAMUNDESHWARI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	70, PILLAIYAR KOVIL STREET, VADAKKAU VEETHI,
Line 2	GOBI- 638452
District	ERODE
Telephone number	-
Mobile number	+91 - 9843861288
Email	SAMUPCS88@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	HESPS9666K
Passport Number	
Aadhar Number	764322036159
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43384265578
Date of Birth	21-01-1988
Age	36
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	2009	S S M COLLEGE OF ENGINEERING	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	MAHENDRA INSTITUTE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.80	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	20-02-2023	25-01-2024	0	11	6
Total				0	11	11

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

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.

A handwritten signature in blue ink, appearing to be 'D. J. Gentry', is centered within a light gray rectangular box.

Signature of the Faculty :