Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. DHIVYAPRIYA EL
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1,JOTHI KRISHNA THOTTAM,PALAYAKALLIVALSU
Line 2	ERODE-638002
District	ERODE
Telephone number	-
Mobile number	+91 - 9944807599
Email	DHIVYAPRIYA.E.L@SKCT.EDU.IN
Gender	FEMALE
Community	MBC
PAN Number	BUPRD5069B
Passport Number	
Aadhar Number	709489023374
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	17497859725
Date of Birth	20-12-1993
Age	31
I. Particulars of Educational Qualification : (only cor	npleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUNI CATION ENGINEER ING	2015	K S RANGASA MY COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	86.5	DISTINCTI ON	And the state of t
P.G.	M.E.	COMMUNI CATION SYSTEMS	2017	KONGU ENGINEER ING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	88.9	DISTINCTI ON	The United States 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	Experience		
			Working Institutions	Years	Months	Days
SRI KRISHNA COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	03-06-2019	07-05-2022	2	11	5
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2022	30-01-2024	1	6	30
K S R INSTITUTE FOR ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	01-06-2017	17-10-2018	1	4	17
Total					10	27

V. Industrial Experience :	
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Name of the	e Decignation	Nature of Work	Joining Date	Polioving Date		Experience		
Organisatio	Designation	Nature of Work	Joining Date	Relieving Date	Years	Months	Days	
	ppointment Expe	erience : extended for the co	onduct of Exmi	nation during the l	last yeaı	7		
AUR (No. of days)	Squad Member (No. of days)	External Exami (Practical) (No. of days	(No	Central Evaluation (No. of scripts Evaluated)		Re-Evaluation (No. of scripts Evaluated)		
t is certified	that all the inform	ation provided are tr	ue to the best of	my knowledge.				

Signature of the Faculty: