




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MS. LINETT SOPHIA D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	33/1, LAKSHMI ILLAM, VIVEKANDAR STREET, BHAVANI MAIN ROAD
Line 2	PERUNDURAI, 638052
District	ERODE
Telephone number	-
Mobile number	+91 - 9600842473
Email	LINISOFIA89@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AGJPL5949G
Passport Number	
Aadhar Number	762475675452
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43642684104
Date of Birth	09-03-1989
Age	35
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2010	SHRI ANDAL ALAGAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	77	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2012	ST PETER'S COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - ST PETERS UNIVERSITY	85	DISTINCTION	

* 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
S A ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	22-01-2018	23-04-2019	1	3	2
OTHERS - ST PETERS UNIVERSITY	ASSISTANT PROFESSOR	05-07-2010	09-05-2014	3	10	5
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-09-2023	30-01-2024	0	4	29
Total				5	6	9

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.

Signature of the Faculty :

