




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-ROBOTICS AND AUTOMATION
Name of the faculty member	MRS. NITHYA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NATHAPPATTI, RAMI REDDYPPATTI
Line 2	SALEM -636501
District	SALEM
Telephone number	-
Mobile number	+91 - 9025854774
Email	NITHI11ESEC@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BXJPR6592R
Passport Number	
Aadhar Number	444354644076
Faculty code given by C.O.E.	7304
Faculty code given by A.I.C.T.E.	143364415961
Date of Birth	11-01-1992
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2014	THE KAVERY ENGINEERING COLLEGE	ANNA UNIVERSITY	7.06	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2017	SONA COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.67	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

NIL

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	07-07-2023	03-02-2024	0	6	28
Total				0	6	1

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

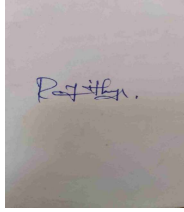
VI. C.O.E. Appointment Experience :

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 :

A rectangular box containing a handwritten signature in blue ink. The signature is partially obscured by a grey rectangular area, but the visible part appears to be "R. J. H. H."