




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MS. MONIKA V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	8,S.K.C ROAD,3 RD STREET,JAWAHAR MONIKA ILLAM,SOORAMPATTI NAAL ROAD
Line 2	ERODE,638009
District	ERODE
Telephone number	-
Mobile number	+91 - 7010620658
Email	MONIKAVENKAT1@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CUYPM9704M
Passport Number	
Aadhar Number	949748702008
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	11097471861
Date of Birth	15-07-1991
Age	33
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	SURYA ENGINEERING COLLEGE	ANNA UNIVERSITY	8.1	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2019	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8	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	01-07-2021	26-01-2024	2	6	26
Total				2	6	29

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.

A square box containing a handwritten signature in black ink. The signature appears to be 'V. M. Lee'.

Signature of the Faculty :