



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. NANDHINI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	514-A, UTHUKULI ROAD, OPPOSITE NRKN SCHOOL
Line 2	KUNNATHUR-638103
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9698886666
Email	MNANDHINIPEARL@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BYRPM0148P
Passport Number	
Aadhar Number	497468608820
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	23542129321
Date of Birth	02-05-1991
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	2012	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.60	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	MAHARAJA ENGINEERING COLLEGE	ANNA UNIVERSITY	7.65	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
OTHERS - KONGHU VELALAR POLYTECHNIC COLLEGE	OTHERS - LECTURER	02-01-2019	31-03-2022	3	2	30
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2022	26-01-2024	1	6	26
Total				4	9	0

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 handwritten signature in blue ink that reads "M. Nandhini". The signature is written in a cursive style and is centered within a light gray rectangular box.

Signature of the Faculty :