




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.TECH.-AGRICULTURAL ENGINEERING
Name of the faculty member	MS. JEEVABHARATHI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3B, KARAVAIKAL PUDHUR, THOTTIPALAYAM
Line 2	ERODE, 638107
District	ERODE
Telephone number	-
Mobile number	+91 - 7397079106
Email	JEEVAPANDY1905@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AVAPJ3224C
Passport Number	
Aadhar Number	746641102076
Faculty code given by C.O.E.	7304
Faculty code given by A.I.C.T.E.	43384629299
Date of Birth	19-05-1995
Age	29
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.SC.	OTHERS - AGRICULTURE	2016	ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	80	FIRST CLASS	
P.G.	M.SC.	OTHERS - AGRONOMY	2019	ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	90	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
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-02-2023	25-01-2024	0	11	25
Total				0	11	0

V. Industrial Experience :

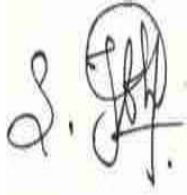
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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 black ink, consisting of a stylized 'S' followed by a circular emblem containing vertical lines, and a horizontal line with a dot at the end.

Signature of the Faculty :