




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	MRS. RAJARAJESWARI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	65 D, NEW PALLIPALAYAM ROAD,
Line 2	KOMARAPALAYAM-638183
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 8144145506
Email	GRAJESWARIME@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BLNPR6159L
Passport Number	
Aadhar Number	285853285651
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9601363498
Date of Birth	20-07-1982
Age	42
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	2004	MAHENDRA ENGINEERING COLLEGE (AUTONOMOUS)	PERIYAR UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2011	MAHENDRA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.5	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
MAHARAJA INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	03-06-2011	30-06-2012	1	0	28
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2022	26-01-2024	1	6	26
OTHERS - K S RANGASAMY INSTITUTE OF TECHNOLOGY	OTHERS - LECTURER	01-06-2005	18-04-2007	1	10	18
Total				4	6	15

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 :

