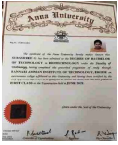



Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	BIO-TECHNOLOGY
Name of the Degree & Course	B.TECH.-BIOTECHNOLOGY
Name of the faculty member	MS. SUBASHREE G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5C GANDHI ROAD, RAJA FOUNDARY STREET, ANUPARPALALAYAM
Line 2	TIRUPPUR, 641652
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9080221430
Email	SUBASHREEGOVINDHARAJ@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	KIXPS9793B
Passport Number	
Aadhar Number	803218458934
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43600301244
Date of Birth	03-03-2000
Age	24
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.TECH.	BIOTECHNOLOGY	2021	BANNARI AMMAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	7.5	FIRST CLASS	
P.G.	M.TECH.	BIOTECHNOLOGY	2023	BANNARI AMMAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	7.74	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	29-01-2024	02-02-2024	0	0	5
Total				0	0	5

V. Industrial Experience :

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

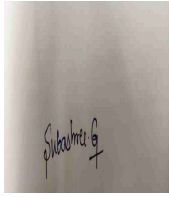
VI. C.O.E. Appointment Experience :

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 black ink on a light-colored background. The signature is written vertically and appears to be "Subarshi G".