Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	CHEMICAL ENGINEERING
Name of the Degree & Course	B.TECHCHEMICAL ENGINEERING
Name of the faculty member	MS. MAHISHA VARSHINI K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1119, KUMAR ILLAM, N.K.ROAD
Line 2	THANJAVUR,613006
District	THANJAVUR
Telephone number	-
Mobile number	+91 - 8428807349
Email	MEENUCHINNAYA58@GMAIL.COM
Gender	FEMALE
Community	ВС
PAN Number	CXUPM8144C
Passport Number	
Aadhar Number	629904545259
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7458910496
Date of Birth	15-05-1997
Age	27
I. Particulars of Educational Qualification : (only con	mpleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	в.тесн.	CHEMICAL ENGINEER ING	2019	ANJALAI AMMAL MAHALIN GAM ENGINEER ING COLLEGE	ANNA UNIVERSI TY	77	FIRST CLASS	Anna University and Anna Anna Anna Anna Anna Anna Anna
P.G.	М.ТЕСН.	CHEMICAL ENGINEER ING	2022	ERODE SENGUNT HAR ENGINEER ING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	91	DISTINCTI ON	ANALINI JESTION PROSENTA CONTROL TO THE CONTROL TO

 $^{\ ^*}$ 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) $\mbox{*}$

Name of the Callege	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the College	Designation	Johning Date	Working Institutions	Years	Months	Days
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2022	08-01-2024	1	6	8
			Total	1	6	11

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	E	xperience	9
Organisation	Designation	Nature of Work	Joining Date	Reneving Date	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
1 `	(No. of days)	Member (No. of days)	(Practical) (No. of days)	(No. of scripts Evaluated)	(No. of scripts Evaluated)
	uays)	(No. of days)	(No. of days)	Evaluateu)	Evaluateu)

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty: