




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MS. ANBU SELVI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	KAATUR,KAATUVALUVU,PAPPAMPADI
Line 2	SALEM
District	SALEM
Telephone number	-
Mobile number	+91 - 9788586402
Email	ANBUARMY5891@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BKEPA9231L
Passport Number	
Aadhar Number	574288525159
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	11001244321
Date of Birth	05-08-1991
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.TECH.	INFORMATION TECHNOLOGY	2013	VIVEKANA NDHA COLLEGE OF ENGINEERING FOR WOMEN (AUTONOMOUS)	ANNA UNIVERSITY	71.3	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	NANDHA COLLEGE OF TECHNOLOGY	ANNA UNIVERSITY	78	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	01-02-2022	06-01-2024	1	11	6
Total				1	11	11

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 handwritten signature in blue ink, appearing to be 'R. K. S. S.', is positioned to the right of the text 'Signature of the Faculty :'. The signature is written in a cursive style with some loops and is contained within a rectangular box.