

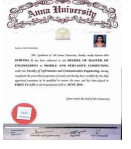


Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. SUBITHA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	361/1 PICHANDAMPALAYAM PO, VAIKKAL MEDU
Line 2	PERUNDURAI-638052
District	ERODE
Telephone number	-
Mobile number	+91 - 8525092552
Email	SUBITHASATHEESH@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	EEYPS0594R
Passport Number	
Aadhar Number	282941135095
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7449756101
Date of Birth	13-12-1991
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.E.	COMPUTER SCIENCE AND ENGINEERING	2013	R V S COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.33	FIRST CLASS	
P.G.	M.E.	MOBILE AND PERVASIVE COMPUTING	2015	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	ANNA UNIVERSITY	7.5	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
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	28-06-2019	26-01-2024	4	6	29
Total				4	6	2

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)
			800	50

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

A handwritten signature in blue ink, consisting of a stylized initial 'S' followed by a dot and a vertical line, and a separate character '8' written above it.

Signature of the Faculty :