




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MS. JOTHIPPRIYA N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	151 MAIN ROAD, PERUNTHALAIYUR
Line 2	BHAVANI TK - 638315
District	ERODE
Telephone number	-
Mobile number	+91 - 9788797636
Email	JOTHIPPRIYANMOHAN81@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BEWPJ4263D
Passport Number	
Aadhar Number	708257488062
Faculty code given by C.O.E.	7304
Faculty code given by A.I.C.T.E.	3372791162
Date of Birth	10-05-1980
Age	44
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2013	COIMBATORE INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	6.96	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2016	SHREE VENKATESHWARA HI-TECH ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.43	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	02-01-2017	13-01-2024	7	0	12
Total				7	0	12

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)
3			150	

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

A handwritten signature in black ink, appearing to read 'M. P. ...', is centered within a rectangular box. The signature is written in a cursive style.

Signature of the Faculty :