




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. KOWSALYA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7/93, GANDHI NAGAR STREET,
Line 2	BELUKURICHI
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9003757751
Email	KOWSISRIECE@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	KLXPK4027H
Passport Number	
Aadhar Number	590338283355
Faculty code given by C.O.E.	6203173
Faculty code given by A.I.C.T.E.	9492784611
Date of Birth	03-07-1997
Age	27
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2018	GREENTECH COLLEGE OF ENGINEERING FOR WOMEN	ANNA UNIVERSITY	7.34	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2020	MUTHAYAMMAL COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.64	DISTINCTION	

* 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	27-07-2022	25-01-2024	1	5	30
BHARATHIYAR INSTITUTE OF ENGINEERING FOR WOMEN	ASSISTANT PROFESSOR	24-02-2021	07-06-2022	1	3	12
Total				2	9	16

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 Examination 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 :  