



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	MRS. PRIYADHARSHINI K R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	62 A PHASE 3 VASANTHAM PARK
Line 2	SLATTER NAGER
District	ERODE
Telephone number	-
Mobile number	+91 - 8220724552
Email	SHANPRIYADHARSHINI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BQPPP0221C
Passport Number	
Aadhar Number	219503573620
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	4709906304
Date of Birth	22-11-1989
Age	35
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	2011	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	9.04	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2016	JANSONS INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	8.5	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
OTHERS - KONGU POLYTECHNIC COLLEGE	OTHERS - LECTURER	28-11-2018	20-07-2021	2	7	23
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	07-04-2022	26-05-2023	1	1	20
JANSONS INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	05-12-2012	26-11-2018	5	11	22
Total				9	9	9

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 'H.R. D.' followed by a stylized flourish.