Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)					
Name of the Department	SCIENCE AND HUMANITIES					
Name of the Degree & Course	B.EGENERAL ENGINEERING					
Name of the faculty member	MRS. RAJESHWARI P					
Regular Or Adjunct	Regular					
Image						
Present Designation	ASSISTANT PROFESSOR					
Residential Address Line 1	MEENAKSHI ILLAM PALLADAM TALUK PERIYAR NAGAR					
Line 2	PALLADAM					
District	TIRUPPUR					
Telephone number	-					
Mobile number	+91 - 9894641647					
Email	RAJIPONRAJ@GMAIL.COM					
Gender	FEMALE					
Community	BC					
PAN Number	BKLPR7532Q					
Passport Number						
Aadhar Number	408648139159					
Faculty code given by C.O.E.						
Faculty code given by A.I.C.T.E.	10603111844					
Date of Birth	02-02-1990					
Age	34					
I. Particulars of Educational Qualification : (only completed)						

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2011	SRI SUBRAMA NYA COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	76.56	DISTINCT ION	The second secon
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2013	ANGEL COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	8.52	DISTINCT ION	Anna Bhritareach

^{*} 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	01-07-2021	06-01-2024	2	6	6
	Total					6	9

V. Industrial Experience:

Na	Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
Org						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 External Examiner Central Evaluation** Squad **Re-Evaluation** Member (Practical) (No. of scripts (No. of scripts (No. of (No. of days) Evaluated) (No. of days) **Evaluated**) days)

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

P. Rajeshud

Signature of the Faculty: