



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. SHARANYANIVASINI JS
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	228/3 ,JJ NAGAR,INGUR ROAD, CHENNIMALAI
Line 2	ERODE-638051
District	ERODE
Telephone number	-
Mobile number	+91 - 8754132200
Email	SHARANYANIVASINIJS@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DPGPS0957Q
Passport Number	
Aadhar Number	615299481321
Faculty code given by C.O.E.	7317200
Faculty code given by A.I.C.T.E.	133557471383
Date of Birth	22-03-1994
Age	30
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	2015	NANDHA COLLEGE OF TECHNOLOGY	ANNA UNIVERSITY	7.06	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2017	NANDHA COLLEGE OF TECHNOLOGY	ANNA UNIVERSITY	8.3	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
J K K NATARAJA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	28-06-2019	22-02-2023	3	7	25
M P NACHIMUTHU M JAGANATHAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	17-07-2017	31-03-2019	1	8	15
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	07-06-2023	07-02-2024	0	8	1
Total				6	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 Examination during the last year**

AUR (No. of days) 10	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 :

