




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. VIJI D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	213,PASUVESHWARAR STREET
Line 2	BHAVANI-638301
District	ERODE
Telephone number	-
Mobile number	+91 - 9489123167
Email	DVGEC.MTECH@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AUBPV6623K
Passport Number	
Aadhar Number	384097861110
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	3541502783
Date of Birth	12-02-1984
Age	40
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.	COMPUTER SCIENCE AND ENGINEERING	2010	VIVEKANANDA COLLEGE OF ENGINEERING FOR WOMEN (AUTONOMOUS)	ANNA UNIVERSITY	82	DISTINCTION	
P.G.	M.E.	EMBEDDED SYSTEMS	2013	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	82.8	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	09-06-2023	30-01-2024	0	7	21
EXCEL COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	05-06-2015	30-04-2020	4	10	26
EXCEL COLLEGE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2013	04-06-2015	2	0	4
Total				7	6	24

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 :