



Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	M.E.-POWER ELECTRONICS AND DRIVES
Name of the faculty member	MRS. TAMIL SELVI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/195,METTU PUDUAR,ARASUR- P.O,SATHY
Line 2	ERODE,638454
District	ERODE
Telephone number	-
Mobile number	+91 - 9952309759
Email	TMLSELVI5@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ATNPT3069N
Passport Number	
Aadhar Number	649082136332
Faculty code given by C.O.E.	7304150
Faculty code given by A.I.C.T.E.	2185704202
Date of Birth	09-04-1988
Age	36
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2009	P G P COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2012	MUTHAYAMMAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.6	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
TEJAA SHAKTHI INSTITUTE OF TECHNOLOGY FOR WOMEN	ASSISTANT PROFESSOR	25-06-2012	10-05-2013	0	10	16
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	03-06-2013	13-01-2024	10	7	11
Total				11	5	0

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)
3			50	

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



Signature of the Faculty :