Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	
Name of the Department	CIVIL ENGINEERING	
Name of the Degree & Course	M.EENVIRONMENTAL ENGINEERING	
Name of the faculty member	MS. ROHINI C	
Regular Or Adjunct	Regular	
Image		
Present Designation	ASSISTANT PROFESSOR	
Residential Address Line 1	7/27 KASUKKARANPALYAM	
Line 2	THINGALUR-638055	
District	ERODE	
Telephone number	-	
Mobile number	+91 - 9688123323	
Email	ROHINICIVIL92@GMAIL.COM	
Gender	FEMALE	
Community	BC	
PAN Number	BOWPR8503Q	
Passport Number		
Aadhar Number	245406261139	
Faculty code given by C.O.E.	7304191	
Faculty code given by A.I.C.T.E.	2756072204	
Date of Birth	29-09-1992	
Age	32	
I. Particulars of Educational Qualification : (only o	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.	CIVIL ENGINEE RING	2013	NANDHA ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	8.8	DISTINCTI ON	um Historyay
P.G.	M.E.	ENVIRON MENTAL ENGINEE RING	2015	ERODE SENGUNT HAR ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	8.59	DISTINCTI ON	Anna Huirreity Anna Huirreity

^{*} 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	nation Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
		Designation			Years	Months	Days
	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	22-06-2015	25-01-2024	8	7	4
				Total	8	7	7

V. Industrial Experience :

Name of the Designation	Nature of	Joining Date	Relieving Date	Experience			
Organisation	Designation	Work	Joining Date			Months	Days

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Exmination during the last year

(Squad	External Examiner	Central Evaluation	Re-Evaluation
	Member	(Practical)	(No. of scripts	(No. of scripts
	o. of days)	(No. of days)	Evaluated)	Evaluated)

It is certified that all the information provided are true to the best of my knowledge.				
	a Paril			
	L. Dierit.			
Signature of the Faculty :				
Signature of the faculty.				