




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	MRS. DEEPALAKSHMI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	80,SEERANGAGOUNDANPALAYAM,PALAKARAI POST,THUDUPATHI.
Line 2	PERUNDURAI - 638057
District	ERODE
Telephone number	-
Mobile number	+91 - 9965175590
Email	SPDEEPALAKSHMI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CSMPD8317D
Passport Number	
Aadhar Number	452857692618
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7454028704
Date of Birth	22-06-1987
Age	37
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.SC.	OTHERS - COMPUTER SCIENCE	2007	OTHERS - VELLALAR COLLEGE FOR WOMEN	BHARATHIYAR UNIVERSITY	75	DISTINCTIO N	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2010	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	9.3	DISTINCTIO N	
P.G.	OTHERS - M.PHILL	OTHERS - COMPUTER SCIENCE	2015	OTHERS - VELLALAR COLLEGE FOR WOMEN	BHARATHIYAR UNIVERSITY	70	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	24-06-2019	11-01-2024	4	6	18
OTHERS - KS RANGASAMY COLLEGE OF ARTS AND SCIENCE FOR WOMEN	ASSISTANT PROFESSOR	06-09-2010	31-05-2012	1	8	25
OTHERS - K S RANGASAMY COLLEGE OF ARTS AND SCIENCE	ASSISTANT PROFESSOR	01-06-2012	12-04-2017	4	10	12
Total				11	1	27

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 :

