	T				
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.AMASTER OF COMPUTER APPLICATIONS				
Name of the faculty member	MRS. SASIKALA R				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	27 SIRUVALLUR ROAD				
Line 2	KAVINDAPADI 638455				
District	ERODE				
Telephone number	-				
Mobile number	+91 - 9791255117				
Email	SASIVCW@GMAIL.COM				
Gender	FEMALE				
Community	BC				
PAN Number	EMYPS0058A				
Passport Number					
Aadhar Number	332119340876				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	43380203785				
Date of Birth	19-05-1987				
Age	37				
I. Particulars of Educational Qualification : (only completed)					

U.G. B.C	.C.A.	COMPUTE R APPLICAT IONS	2025	OTHERS - VELALAR				
			2007	COLLEGE FOR WOMEN ERODE	BHARATH IYAR UNIVERSI TY	82	FIRST CLASS	** The second se
P.G. M.	I.C.A.	MASTER OF COMPUTE R APPLICAT IONS	2010	VELALAR COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	94	DISTINCT ION	A sure of the time and
	THERS - I.PHIL	OTHERS - COMPUTE R SCIENCE	2014	OTHERS - BHARATH IDASAN ARTS AND SCIENCE COLLEGE ERODE	BHARATH IYAR UNIVERSI TY	75	FIRST CLASS	- Special Control Cont

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	Experience		
Name of the Conege	Designation Joining Date		Working Institutions	Years	Months	Days
OTHERS - VELLALAR COLLEGE FOR WOMEN ERODE	AGGIGITANTI		18-04-2016	5	7	27
OTHERS - BHARATHIDASAN COLLEGE OF ARTS AND SCIENCE ERODE	ASSISTANT PROFESSOR	15-05-2017	05-04-2019	1	10	22
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	12-04-2023	11-01-2024	0	8	30
			Total	8	3	21

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

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

Signature of the Faculty: