Name of the College Right Engline College (AUTONOMOUS) Name of the Department Rome of the Department M.TECH-COMPUTER SCIENCE AND ENGINEERING M.TECH-COMPUTER SCIENCE AND ENGINEERING (5 YEAR INTEGRATED) Name of the faculty member MS. JACINTH EVANGELINE S Regular Regular Present Designation ASSISTANT PROFESSOR Residential Address Line 1 Line 2 NEAR MUTHAMPALAYAM PHASE II, ERODE Telephone number		7304 - ERODE SENGUNTHAR		
Name of the Department Name of the Degree & Course M.TECHCOMPUTER SCIENCE AND ENGINEERING (5 YEAR INTEGRATED) Name of the faculty member MS. JACINTH EVANGELINE S Regular Image Present Designation ASSISTANT PROFESSOR Residential Address Line 1 Line 2 NEAR MUTHAMPALAYAM PHASE II. ERODE Telephone number - Mobile number +91 - 9790028247 Email JACINTH CSE@GMAIL.COM Gender Community BC PAN Number BEHPJ3854F Passport Number Addhar Number Faculty code given by A.I.C.T.E. Bate of Birth MS. JACINTH EVANGELINE S M.TECHCOMPUTER SCIENCE AND ENGINEERING M.ECHCOMPUTER SCIENCE M.ECHCOMPUTER SC	Name of the College	ENGINEERING COLLEGE		
Name of the Degree & Course Name of the faculty member MS. JACINTH EVANGELINE S Regular Or Adjunct Regular Present Designation ASSISTANT PROFESSOR Residential Address Line 1 Line 2 NEAR MUTHAMPALAYAM PHASE II, ERODE-9 District ERODE Telephone number - Mobile number +91 - 9790028247 Email JACINTHCSE@GMAIL.COM Gender FEMALE Community BC PAN Number BEHPJ3854F Passport Number Addrar Number Faculty code given by C.O.E. Faculty code given by A.I.C.T.E. Date of Birth Regular ASSISTANT PROFESSOR Regular ASSISTANT PROFESSOR JULIANA A-17 SRE GARDEN LINE 2 BUGUKEBA ILLAM, A-17 SRE GARDEN BUGUK	Name of the Department			
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Image Present Designation ASSISTANT PROFESSOR Residential Address Line 1 Line 2 SUGUKEBA ILLAM, A-17 SRE GARDEN NEAR MUTHAMPALAYAM PHASE II, ERODE-9 District ERODE Telephone number - Mobile number +91 - 9790028247 JACINTHCSE@GMAIL.COM Gender FEMALE Community BC PAN Number BEHPJ3854F Passport Number Aadhar Number 282951990507 Faculty code given by C.O.E. Faculty code given by A.I.C.T.E. 43383687245 Date of Birth 11-02-1991	Name of the faculty member	MS. JACINTH EVANGELINE S		
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	Faculty code given by A.I.C.T.E.	43383687245		
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l I	Age	33		
I. Particulars of Educational Qualification : (only completed)	I. Particulars of Educational Qualification : (only 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.	COMPUTE R SCIENCE AND ENGINEE RING	2012	NANDHA ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	8.4	FIRST CLASS	and Milters;
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2014	ERODE SENGUNT HAR ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	8.55	DISTINCT ION	and Rhinersh

^{*} 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	ate Expe		oerience	
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days	
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2022	25-01-2024	1	6	25	
			Total	1	6	28	

V. Industrial Experience:

Name of the Organisation	Designation	Nature of	Joining Date	Relieving Date	Experience		•
Organisation	Designation	Work	Joining Date	Kellevilly Date	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 Squad External Examiner Central Evaluation (No. of Member (Practical) (No. of scripts days) (No. of days) (No. of days) Evaluated) Evaluated)	(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
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It is certified that all the information provided are true to the best of my knowledge.
Signature of the Faculty:
Signature of the Faculty :