



Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	M.TECH.-COMPUTER SCIENCE AND ENGINEERING (5 YEAR INTEGRATED)
Name of the faculty member	MRS. KOTHAINAYAKI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	79,MANAL THOTTAM,SUNDAKKAMPALAYAM
Line 2	GOBICHETTIPALAYAM-638402
District	ERODE
Telephone number	-
Mobile number	+91 - 9965005152
Email	MKOTHAIGOBI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AVIPK7345K
Passport Number	
Aadhar Number	385860835663
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43961304235
Date of Birth	27-06-1985
Age	39
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.TECH.	INFORMATION TECHNOLOGY	2006	BANNARI AMMAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	77	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	BANNARI AMMAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	84	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
BANNARI AMMAN INSTITUTE OF TECHNOLOGY (MCA STAND ALONE)	ASSISTANT PROFESSOR	11-09-2006	09-04-2015	8	6	29
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	02-01-2024	30-01-2024	0	0	29
Total				8	7	1

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 :

