	1				
Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)				
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING				
Name of the Degree & Course	M.TECHCOMPUTER SCIENCE AND ENGINEERING (5 YEAR INTEGRATED)				
Name of the faculty member	MS. ROHINI J				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	3/623 , MANALMETTU STREET, MARUTHANALLUR				
Line 2	KUMBAKONAM,612402				
District	THANJAVUR				
Telephone number	-				
Mobile number	+91 - 7339271717				
Email	ROHINILOGANATHAN10@GMAIL.COM				
Gender	FEMALE				
Community	ВС				
PAN Number	CHYPR9550F				
Passport Number					
Aadhar Number	296479029159				
Faculty code given by C.O.E.	7317239				
Faculty code given by A.I.C.T.E.	110608216411				
Date of Birth	10-03-1997				
Age	27				
I. Particulars of Educational Qualification : (only comple	eted)				

Category	Name of the Degree	Specializa tion	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.E.	COMPUTE R SCIENCE AND ENGINEER ING	2018	ARASU ENGINEER ING COLLEGE	ANNA UNIVERSIT Y	8.03	FIRST CLASS	MATERIA WILLIAM STATES AND
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEER ING	2020	ARASU ENGINEER ING COLLEGE	ANNA UNIVERSIT Y	8.05	FIRST CLASS	And Military Control of the Control

^{*} 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) st

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	19-07-2022	25-01-2024	1	6	7
M P NACHIMUTHU M JAGANATHAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	11-10-2021	18-07-2022	0	9	8
SASURIE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-09-2020	29-09-2021	1	0	26
Total					4	13

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience:

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

capacity at which service is extended for the conduct of Exhibitation during the last year							
AUR (No. of days) Squad Members (No. of days)	(Practical)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)				

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

Signature of the Faculty: