




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MS. KAVITHA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	302 MARIAMMAN KOVIL STREET BUNGALOWPUDUR
Line 2	GOBICHETTIPALAYAM - 638506
District	ERODE
Telephone number	-
Mobile number	+91 - 9659221827
Email	KAVI3687@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	EPDPK6448Q
Passport Number	NIL
Aadhar Number	960393696854
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7591352749
Date of Birth	03-06-1987
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.A.	ENGLISH	2007	OTHERS - GOBI ARTS AND SCIENCE COLLEGE	BHARATH IYAR UNIVERSITY	61	FIRST CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2009	OTHERS - GOBI ARTS AND SCIENCE COLLEGE	BHARATH IYAR UNIVERSITY	71	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - ENGLISH	2013	OTHERS - GOBI ARTS AND SCIENCE COLLEGE	BHARATH IYAR UNIVERSITY	57.73	SECOND 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	12-03-2020	12-01-2024	3	10	1
Total				3	10	6

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 :

