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	MRS. SHANTHI B					
Regular Or Adjunct	Regular					
Image						
Present Designation	ASSISTANT PROFESSOR					
Residential Address Line 1	3,PALLAVAN STREET,VEEERAPPAN CHATHIRAM					
Line 2	ERODE,638004					
District	ERODE					
Telephone number	-					
Mobile number	+91 - 9042347794					
Email	SHANTHISABI18@GMAIL.COM					
Gender	FEMALE					
Community	BC					
PAN Number	NAGPS7093A					
Passport Number						
Aadhar Number	315932204358					
Faculty code given by C.O.E.						
Faculty code given by A.I.C.T.E.	10678100104					
Date of Birth	18-01-1986					
Age	38					
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.A.	ENGLISH	2007	OTHERS - MAHARAJ A COLLEGE FOR WOMEN	BHARATH IYAR UNIVERSI TY	76	FIRST CLASS	The state of the s
P.G.	OTHERS - MA	OTHERS - ENGLISH	2011	OTHERS - KANDHAN COLLEGE OF ARTS AND SCIENCE	PERIYAR UNIVERSI TY	68	FIRST CLASS	
OTHERS - MPHIL	OTHERS - M.PHIL	OTHERS - ENGLISH	2017	OTHERS - GOBI ARTS AND SCIENCE COLLEGE	BHARATH IYAR UNIVERSI TY	60	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) $\mbox{*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
Name of the Conege				Years	Months	Days
OTHERS - AMMAN ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	28-06-2016	20-03-2020	3	8	23
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	22-10-2021	12-01-2024	2	2	22
OTHERS - SASURIE COLLEGE OF ARTS AND SCIENCE	ASSISTANT PROFESSOR	08-06-2012	31-03-2015	2	9	23
Total					9	12

V. Industrial Experience :	
----------------------------	--

Name of the Organisation Des	Decignation	Nature of	Joining Data	Relieving Date	Experience		
Organisation	Designation	Work	Joining 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 (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 1	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: