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. SHARMILA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	218, MELAVADUGAPATTI COLLEGE MAIN ROAD
Line 2	MUSIRI
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9940034219
Email	SHAKAR9395@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	EFLPP4223L
Passport Number	
Aadhar Number	239031722955
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	17412025953
Date of Birth	08-04-1994
Age	30
I. Particulars of Educational Qualification : (only con	mpleted)

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	2014	OTHERS - NAVARAS AM ARTS AND SCIENCE	BHARATH IYAR UNIVERSI TY	59	FIRST CLASS	The state of the s
P.G.	OTHERS - MPHIL	OTHERS - ENGLISH	2017	OTHERS - ALAGAPA UNIVERSI TY	ALAGAPP A UNIVERSI TY	68	FIRST CLASS	Suprementary to the suprem
P.G.	OTHERS - M A	OTHERS - ENGLISH	2016	OTHERS - NAVARAS AM ARTS AND SCIENCE	BHARATH IYAR UNIVERSI TY	68	FIRST CLASS	The state of the s

^{*} 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	Experience			
Name of the conege		Designation	Johning Date		Years	Months	Days
	NGUNTHAR UNG COLLEGE IOUS)	ASSISTANT PROFESSOR	13-07-2022	12-01-2024	1	5	31
		ASSISTANT PROFESSOR	12-02-2020	14-06-2022	2	4	3
JAGANATH	IMUTHU M AN ING COLLEGE	ASSISTANT PROFESSOR	03-07-2017	30-04-2019	1	9	29
Total					5	8	7

V. Industrial Experience :	
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Name of the	e Designation	Nature of	Joining Date		Daliaring Data	Experience		
Organisatio	n Designation	Work		y Date	Relieving Date	Years	Months	Days
	pointment Expe		conduc	t of Exmi	ination during th	ıe last y	ear	
AUR (No. of days)	Squad Member (No. of days)	(Practical) (No. o		o. of scripts (No. of s		Evaluatior of scripts aluated)	-	
is certified t	hat all the inform	ation provided ar	e true to	the best o	of my knowledge.			