





Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MS. MYTHILI D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	25/83,KARATTUPALAYAM ROAD
Line 2	KASIPALAYAM,638454
District	ERODE
Telephone number	-
Mobile number	+91 - 9952136817
Email	MYTHIMKP@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CWCPM7983E
Passport Number	
Aadhar Number	667252669287
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	10676182751
Date of Birth	29-05-1989
Age	35
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.SC.	OTHERS - MATHEMATICS	2009	OTHERS - GOBI ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	72	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2011	OTHERS - GOBI ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	83	DISTINCTION	
OTHERS - PG	OTHERS - M.PHIL.	OTHERS - MATHEMATICS	2019	OTHERS - CHIKKAIAH NAICKER COLLEGE	BHARATHIYAR UNIVERSITY	50	OTHERS - THIRD	

* 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	27-10-2021	09-01-2024	2	2	14
OTHERS - SENTHUR POLYTECHNIC COLLEGE	OTHERS - LECTURER	04-06-2012	13-05-2019	6	11	10
Total				9	1	25

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) 100	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 :