




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	MRS. SUVITHA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/77 SCHOOL PIRIVU, KADATHUR, GOPI
Line 2	ERODE 638454
District	ERODE
Telephone number	-
Mobile number	+91 - 8675016414
Email	SUVIPRAKASH442@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	FERPS9709L
Passport Number	
Aadhar Number	897946812254
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143642244534
Date of Birth	20-01-1992
Age	32
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	2012	OTHERS - ERODE CHRISTIAN COLLEGE ERODE	BHARATHIYAR UNIVERSITY	72	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2015	OTHERS - ERODE ARTS COLLEGE	BHARATHIYAR UNIVERSITY	75	FIRST CLASS	
OTHERS - M PHIL	OTHERS - M PHIL	OTHERS - MATHEMATICS	2019	OTHERS - BHARATHIYAR UNIVERSITY	BHARATHIYAR UNIVERSITY	51	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
MAHARAJA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	16-06-2016	30-04-2017	0	10	15
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	08-09-2023	16-02-2024	0	5	9
Total				1	3	26

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 Examination 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 :