





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. SOWMIYAA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	24,CHOKKANATHAR STREET,MANIKUNDU BUS STOP
Line 2	ERODE
District	ERODE
Telephone number	-
Mobile number	+91 - 8870703256
Email	SOWMIYASELVARAJ2015@GMAIL.COM.COM
Gender	FEMALE
Community	MBC
PAN Number	LCCPS2700N
Passport Number	
Aadhar Number	213360365219
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43989420555
Date of Birth	06-06-1994
Age	30
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	2014	OTHERS - VIVEKANANDA COLLEGE FOR WOMEN	PERIYAR UNIVERSITY	Y	OTHERS - SECOND CLASS WITH B PLUS GRADE	
P.G.	OTHERS - M.A.	OTHERS - ENGLISH	2016	OTHERS - VIVEKANANDA COLLEGE OF ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSITY	Y	OTHERS - FIRST CLASS WITH A PLUS PLUS GRADE	
OTHERS - M.PHL	OTHERS - M.PHIL	OTHERS - ENGLISH	2018	OTHERS - VELLALAR COLLEGE OF ARTS AND SCIENCE	BHARATHIYAR UNIVERSITY	Y	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	02-01-2024	26-01-2024	0	0	25
Total				0	0	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)	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 :**