




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. PREMALATHA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7/22D, AYYAPPAN KOVIL STREET, AMMAN NAGAR, KUMARA PALAYAM
Line 2	NAMAKKAL
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9894756152
Email	PRETTYPREMS92@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	ERVPP8618F
Passport Number	
Aadhar Number	232739430582
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43989420604
Date of Birth	23-10-1992
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.A.	ENGLISH	2014	OTHERS - ADHARSH VIDHYALA COLLEGE OF ARTS AND SCIENCE	BHARATHIYAR UNIVERSITY	Y	FIRST CLASS	
P.G.	OTHERS - M.A.	OTHERS - ENGLISH	2017	OTHERS - SREE AMMAN ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	Y	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - ENGLISH	2019	OTHERS - ERODE ARTS AND SCIENCE COLLEGE	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)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :