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. POORNIMA S				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	1-190, VENGANAYAKKAM PALAYAM				
Line 2	MADHAMPALAYAM POST, P PULIAMPATTI				
District	ERODE				
Telephone number	-				
Mobile number	+91 - 9566891035				
Email	SPOORNI26@GMAIL.COM				
Gender	FEMALE				
Community	MBC				
PAN Number	CIMPP2554G				
Passport Number					
Aadhar Number	551485354304				
Faculty code given by C.O.E.	6208843				
Faculty code given by A.I.C.T.E.	14853863219				
Date of Birth	06-06-1993				
Age	31				
I. Particulars of Educational Qualification : (only completed)					

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.SC.	OTHERS - MATHEM ATICS	2013	OTHERS - EMERALD HEIGHTS COLLEGE FOR WOMENT	BHARATH IYAR UNIVERSI TY	86.5	FIRST CLASS	An and a set of the se
P.G.	M.SC.	OTHERS - MATHEM ATICS	2016	OTHERS - PSG COLLEGE OF ARTS AND SCIENCE	BHARATH IYAR UNIVERSI TY	84	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MATHEM ATICS	2017	OTHERS - COLLEGE OF ARTS AND SCIENCE	BHARATH IYAR UNIVERSI TY	61	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- SLET Score : 186 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		
			Working Institutions	Years	Months	Days
GNANAMANI COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	30-08-2022	31-01-2023	0	5	2
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	11-12-2023	16-02-2024	0	2	6
	Total	0	7	11		
V. Industrial Experience :						

Name of th Organisatio	Inorianation	Nature of Work	- · · · · · · · · · · · · · · · · · · ·		Relieving Date	Experien Years Month			
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)	Member (Practical) (N		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 :									