





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. UMAMAHESWARI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/67, E.METTUPUDUR
Line 2	ARASUR,INDIAMPALAYAM,ARASUR,ERODE-638454
District	ERODE
Telephone number	04294 - 232701
Mobile number	+91 - 8939151995
Email	UMASELVARAJ1595@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AHOPU5934C
Passport Number	
Aadhar Number	786554058190
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43989881084
Date of Birth	09-05-1994
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.SC.	OTHERS - MATHEMATICS	2014	OTHERS - SRI VASAVI COLLEGE	BHARATHIYAR UNIVERSITY	70	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2016	OTHERS - ERODE ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	87	DISTINCTION	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2018	OTHERS - ERODE ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	68	FIRST 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	25-01-2024	0	0	24
Total				0	0	24

V. Industrial Experience :

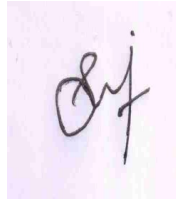
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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.

A handwritten signature in black ink on a light pink background. The signature is stylized and appears to be 'Sij'.

Signature of the Faculty :