




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND DESIGN
Name of the faculty member	MRS. HAMSAREKA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	95G, SIVA RICE MILL, KALIYANOR POST
Line 2	NAMAKKAL DISTRICT, PIN - 638 008
District	NAMAKKAL
Telephone number	04288 - 274773
Mobile number	+91 - 8778310157
Email	REKASELVAM1993@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	AJTPH9330A
Passport Number	
Aadhar Number	471422280190
Faculty code given by C.O.E.	7316276
Faculty code given by A.I.C.T.E.	19319175681
Date of Birth	28-02-1993
Age	31
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.E.	COMPUTER SCIENCE AND ENGINEERING	2014	EXCEL COLLEGE OF TECHNOLOGY	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2016	K S R INSTITUTE FOR ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	86	DISTINCTION	

* 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
K S R INSTITUTE FOR ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	05-08-2020	26-11-2021	1	3	22
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-12-2021	25-01-2024	2	1	25
Total				3	5	19

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 :