




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING (ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING)
Name of the faculty member	MRS. AMBIKA D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	45 SRI CAUVIIRI CITY, PARAVALASU,PUNGAMBADI
Line 2	ERODE 638112
District	ERODE
Telephone number	-
Mobile number	+91 - 9965953277
Email	AMBIKASAI901@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AQJPA3487L
Passport Number	NIL
Aadhar Number	727114067338
Faculty code given by C.O.E.	7304069
Faculty code given by A.I.C.T.E.	410899476
Date of Birth	19-09-1983
Age	41
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	2004	OTHERS - VELLALAR COLLEGE FOR WOMEN	BHARATHIYAR UNIVERSITY	64.6	FIRST CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2006	OTHERS - VELLALAR COLLEGE FOR WOMEN	BHARATHIYAR UNIVERSITY	68.7	FIRST CLASS	
OTHERS - M.PHIL.	OTHERS - M.PHIL	OTHERS - ENGLISH	2008	OTHERS - BHARATHIYAR UNIVERSITY	BHARATHIYAR UNIVERSITY	53.4	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
OTHERS - ALAMEEN INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	04-08-2006	02-01-2007	0	4	30
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	03-01-2007	12-01-2024	17	0	10
Total				17	5	12

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
EXCEL SOFTWARE SOLUTIONS ERODE	SOFT SKILLS TRAINER	TRAINER	01-06-2006	31-07-2006	0	1	30
Total					0	1	0

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Examination 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 :

