Name of the College 7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)					
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING				
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING				
Name of the faculty member	MS. ARCHANA DEVI S				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	24B3, SRI SAI GARDEN, P.N. ROAD				
Line 2	KUNNATHUR-638 103				
District	TIRUPPUR				
Telephone number	-				
Mobile number	+91 - 6380661226				
Email	ARCHANA2SELVARAJ@GMAIL.COM				
Gender	FEMALE				
Community	ВС				
PAN Number	BCFPA1427F				
Passport Number					
Aadhar Number	832044407184				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	43989881566				
Date of Birth	31-12-1987				
Age	37				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEER ING	2009	MAHARAJ A PRITHVI ENGINEER ING COLLEGE	ANNA UNIVERSI TY	74	FIRST CLASS	The second secon
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEER ING	2011	OTHERS - KARPAGA M UNIVERSI TY	OTHERS - KARPAGA M UNIVERSI TY	84	DISTINCTI ON	A DESCRIPTION OF THE PROPERTY

^{*} 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) st

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
MAHARAJA INSTITUTE OF TECHNOLOGY	OTHERS - LECTURER	14-06-2010	31-05-2012	1	11	17
KARPAGAM COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	04-06-2012	20-10-2012	0	4	17
TAMILNADU COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-01-2013	25-07-2014	1	6	22
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	02-01-2024	26-01-2024	0	0	25
Total					11	26

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Exmination during the last year

cupacity at which service is extended for the conduct of Exhibitation during the last year							
AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation			
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts			
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)			

It is certified that all the information provided are true to the best of my knowledge.

Amfa. S.

Signature of the Faculty: