
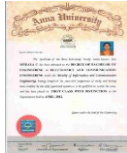
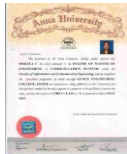


Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MS. MEKALA C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	18-1, SUNDAKKADU, NALLAMPATTI
Line 2	THUDUPATHI 638 057
District	ERODE
Telephone number	-
Mobile number	+91 - 9342822607
Email	MEKALACHINNASAMY@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BTCPM0292G
Passport Number	
Aadhar Number	207174759336
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	13551163668
Date of Birth	19-08-1991
Age	33
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2012	SURYA ENGINEERING COLLEGE	ANNA UNIVERSITY	8.86	DISTINCTION	
P.G.	M.E.	COMMUNICATION SYSTEMS	2015	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.42	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	28-08-2012	31-05-2013	0	9	4
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	20-08-2021	26-01-2024	2	5	7
BANNARI AMMAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	09-07-2016	30-06-2020	3	11	23
V S B COLLEGE OF ENGINEERING TECHNICAL CAMPUS	ASSISTANT PROFESSOR	08-05-2015	08-07-2016	1	2	1
Total				8	4	8

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 :

