




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	MRS. RAMYA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1, SAKTHI NAGAR, TAMIL NAGAR EXTENSION
Line 2	GOBICHETTIPAYALAM, 638455
District	ERODE
Telephone number	04285 - 241045
Mobile number	+91 - 9944519209
Email	ECERAMYA25@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AVOPR3999Q
Passport Number	G7333923
Aadhar Number	323428386507
Faculty code given by C.O.E.	7304086
Faculty code given by A.I.C.T.E.	410899070
Date of Birth	25-09-1987
Age	37
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	2008	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2010	BANNARIAMMAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	89	DISTINCT ION	

* 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)	OTHERS - LECTURER	24-05-2010	30-06-2012	2	1	8
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2012	30-05-2023	10	10	30
Total				13	0	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 :