



Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	CHEMICAL ENGINEERING
Name of the Degree & Course	B.TECH.-CHEMICAL ENGINEERING
Name of the faculty member	MRS. SRI GOKILAVANI N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/88, EB OFFICE STREET, ARASUR PUDUR, ARASUR PO
Line 2	SATHYAMANGALAM - 638454
District	ERODE
Telephone number	-
Mobile number	+91 - 9789238340
Email	GOKILAKRISHNAN@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	FQHPS9994B
Passport Number	
Aadhar Number	879144419533
Faculty code given by C.O.E.	7209164
Faculty code given by A.I.C.T.E.	2935684102
Date of Birth	17-02-1991
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.TECH.	CHEMICAL ENGINEERING	2012	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	91.2	DISTINCTION	
P.G.	M.TECH.	CHEMICAL ENGINEERING	2014	COIMBATORE INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	87.4	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
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	30-12-2015	08-01-2024	8	0	10
J C T COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	09-06-2014	25-04-2015	0	10	17
Total				8	10	2

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 :