




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. SHATHYAPRIYA K P S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 16, KUGALUR ROAD, PERUNDALAIYUR POST, SAKTHI NAGAR,
Line 2	PERUNDALAIYUR, 638315
District	ERODE
Telephone number	-
Mobile number	+91 - 9751550255
Email	SHATHYAIT@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	FMTPS5712K
Passport Number	
Aadhar Number	943064484067
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1463462909
Date of Birth	03-07-1989
Age	35
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.	INFORMATION TECHNOLOGY	2010	NANDHA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.65	DISTINCT ION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2012	S S M COLLEGE OF ENGINEERING	ANNA UNIVERSITY	77	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
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2022	06-01-2024	1	6	6
SHREE VENKATESHWARA HI-TECH ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-06-2012	31-05-2019	6	11	30
Total				8	6	9

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 :