



Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MRS. ANUKARTHIKA B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	84 AB NAGAR GANDHI NAGAR
Line 2	TIRUPUR 641603
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9942212662
Email	ANUBALA1992@GMIAL.COM
Gender	FEMALE
Community	BC
PAN Number	BPQPA0109E
Passport Number	
Aadhar Number	464960153474
Faculty code given by C.O.E.	7111174
Faculty code given by A.I.C.T.E.	7452224809
Date of Birth	09-12-1992
Age	32
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.	CIVIL ENGINEERING	2014	STUDYWORLD COLLEGE OF ENGINEERING	ANNA UNIVERSITY	83.5	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2016	K P R INSTITUTE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	80	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
JANSONS INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	15-07-2016	30-04-2018	1	9	17
OTHERS - SVS ENGINEERING COLLEGE AND TECHNOLOGY	ASSISTANT PROFESSOR	09-07-2018	24-01-2019	0	6	16
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	03-06-2019	25-01-2024	4	7	23
Total				6	11	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 :