	7204 EDODE CENCULTUAD ENGINEEDING				
Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)				
Name of the Department	SCIENCE AND HUMANITIES				
Name of the Degree & Course	B.EGENERAL ENGINEERING				
Name of the faculty member	MS. MALARVIZHI D				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	22/23, CHINNAMADATHUPPALAYAM,OLAPALAYAM				
Line 2	PERUNDURAI				
District	ERODE				
Telephone number	-				
Mobile number	+91 - 9787030550				
Email	MALARME21@GMAIL.COM				
Gender	FEMALE				
Community	BC				
PAN Number	DHIPM4882C				
Passport Number					
Aadhar Number	275373904024				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	9410489596				
Date of Birth	21-07-1990				
Age	34				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializat ion	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.	COMPUTER SCIENCE AND TECHNOLO GY	2011	NANDHA ENGINEERI NG COLLEGE (AUTONOM OUS)	ANNA UNIVERSIT Y	8.49CGPA	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERI NG	2013	NANDHA COLLEGE OF TECHNOLO GY	ANNA UNIVERSIT Y	7.96CGPA	FIRST CLASS	Again Harry Company of the Company o

^{*} 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) st

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	02-01-2021	25-01-2024	3	0	24
Total					0	24

V. Industrial Experience:

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	Е	xperience	,
Organisation D	Designation	Nature of Work	Joining Date		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: