Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)				
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING				
Name of the Degree & Course	M.ECOMPUTER SCIENCE AND ENGINEERING				
Name of the faculty member	MRS. REVATHI S				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSOCIATE PROFESSOR				
Residential Address Line 1	3, ANNA NAGAR, FIRST STREET, VELAYUTHAMPALAYAM,				
Line 2	KARUR - 639 117.				
District	KARUR				
Telephone number	-				
Mobile number	+91 - 8883186014				
Email	REVATHI.MECSE@GMAIL.COM				
Gender	FEMALE				
Community	ВС				
PAN Number	APZPR6397B				
Passport Number					
Aadhar Number	358560408956				
Faculty code given by C.O.E.	9231088				
Faculty code given by A.I.C.T.E.	7400032444				
Date of Birth	25-09-1987				
Age	37				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2009	SASURIE COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	75	FIRST CLASS	The state of the s
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2012	SASURIE COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	85	DISTINCT ION	The second secon

^{*} 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	27-08-2021	25-01-2024	2	4	30
JAI SHRIRAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	26-11-2019	23-08-2021	1	8	28
CHERAN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	15-06-2016	25-11-2019	3	5	11
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-06-2012	31-03-2015	2	9	30
	10	5	12			

V. Industrial Experience :

Name of the	Name of the	Nature of	Joining Date	Relieving Date	Experience		
Organisation	Designation	Work	Juming 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	Squad Member	External Examiner (Practical)	Central Evaluation (No. of scripts	Re-Evaluation (No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty: