



Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	M.TECH.-COMPUTER SCIENCE AND ENGINEERING (5 YEAR INTEGRATED)
Name of the faculty member	MRS. RAJESHWARI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/203, KALANGCADU THOTTAM, PERIA OTTARPALAYAM,
Line 2	PT KULAM POST, AVINASHI TK, TIRUPUR, 638460
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9003671719
Email	RAJESHWARI.CSE5@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BDUPR6133B
Passport Number	
Aadhar Number	242629923524
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	11097471914
Date of Birth	10-05-1990
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.E.	COMPUTER SCIENCE AND ENGINEERING	2011	SASURIE COLLEGE OF ENGINEERING	ANNA UNIVERSITY	83	FIRST CLASS	
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2014	MAHARAJA ENGINEERING COLLEGE	ANNA UNIVERSITY	85	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	01-07-2021	26-05-2023	1	10	26
Total				1	10	1

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.

A handwritten signature in black ink, appearing to read "Rajmest", is centered within a light gray rectangular box.

Signature of the Faculty :