




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	MRS. MALARVIZHI C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	129 EAST STREET
Line 2	KARATTUPALAYAM 638457
District	ERODE
Telephone number	-
Mobile number	+91 - 9344920603
Email	MALARCHINNSAMY17@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CXVPM0993E
Passport Number	
Aadhar Number	929030830471
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43380203847
Date of Birth	02-06-1984
Age	40
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.SC.	OTHERS - COMPUTER SCIENCE	2004	OTHERS - GOBI ARTS AND SCIENCE COLLEGE GOBICHET TIPALAYAM	BHARATHI YAR UNIVERSIT Y	72	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2007	OTHERS - GOBI ARTS AND SCIENCE COLLEGE GOBICHET TIPALAYAM	BHARATHI YAR UNIVERSIT Y	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
OTHERS - SRI VASAVI COLLEGE ERODE	ASSISTANT PROFESSOR	04-06-2007	22-05-2016	8	11	19
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	02-05-2023	11-01-2024	0	8	10
Total				9	7	3

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 that reads "C. Malan". The signature is written in a cursive style with a long horizontal stroke at the end.

Signature of the Faculty :