




<b>Name of the College</b>	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
<b>Name of the Department</b>	MASTER OF COMPUTER APPLICATIONS
<b>Name of the Degree &amp; Course</b>	M.C.A.-MASTER OF COMPUTER APPLICATIONS
<b>Name of the faculty member</b>	MRS. PADMAPRIYA D
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	66/30 VARATHAN STREET
Line 2	GOBICHETTIPALAYAM, ERODE
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9789223488
<b>Email</b>	DPADMAPRIYA1982@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	CRWPP0288E
<b>Passport Number</b>	
<b>Aadhar Number</b>	422499222823
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	43797951731
<b>Date of Birth</b>	11-05-1982
<b>Age</b>	42
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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	2002	OTHERS - GOBI ARTS COLLEGE	BHARATHI YAR UNIVERSITY	76	SECOND CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2005	OTHERS - GOBI ARTS AND SCIENCE COLLEGE	BHARATHI YAR 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	29-01-2024	05-02-2024	0	0	8
MAHARAJA PRITHVI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-05-2006	31-05-2013	7	0	27
OTHERS - KAMADENU ARTS COLLEGE	ASSISTANT PROFESSOR	01-06-2023	26-12-2023	0	6	26
<b>Total</b>				<b>7</b>	<b>8</b>	<b>4</b>

**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**

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**

