




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	MS. BRINDHA RAJASRI T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	30A,KATCHERI STREET,
Line 2	AVINASHI-641654
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 8489031370
Email	BRINDHARAJASRIT@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BGRPB3986J
Passport Number	
Aadhar Number	364006129551
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43383686863
Date of Birth	03-10-1989
Age	34
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	MAHARAJA PRITHVI ENGINEERING COLLEGE	ANNA UNIVERSITY	8.04	FIRST CLASS	
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2014	MAHARAJA ENGINEERING COLLEGE	ANNA UNIVERSITY	8.03	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	01-07-2022	26-05-2023	0	10	26
Total				0	10	1

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

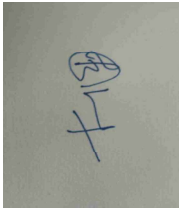
VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Examination 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 :

A rectangular area containing a handwritten signature in blue ink on a grey background. The signature is stylized and appears to be 'R.H.' with a horizontal line through the 'H'.