



<b>Name of the College</b>	8126 - M A M COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the faculty member</b>	MRS. ANITHA NIRMAL S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	54 SANJEEVI NAGAR AIRPORT PO
Line 2	TRICHY -620 007
<b>District</b>	THIRUCHIRAPPALLI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9384126929
<b>Email</b>	ANITA_NIRMAL@YAHOO.CO.IN
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BMWPA8364A
<b>Passport Number</b>	
<b>Aadhar Number</b>	912154415428
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	02-12-1983
<b>Age</b>	41
<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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2005	OTHERS - NATIONAL INSTITUTE OF TECH	OTHERS - NIT DURGAPUR	59.3	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2012	ROEVER ENGINEERING COLLEGE	ANNA UNIVERSITY	74.3	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
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	28-03-2022	13-02-2024	1	10	17
ROEVER ENGINEERING COLLEGE	ASSISTANT PROFESSOR	27-06-2005	06-08-2007	2	1	10
ROEVER ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-06-2013	30-10-2017	4	4	27
<b>Total</b>				<b>8</b>	<b>4</b>	<b>26</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>
		15	8	

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

**Signature of the Faculty :**



<b>Name of the College</b>	8126 - M A M COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the faculty member</b>	MRS. GAYATHRI R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	14/23 LAKSHMI VILAS ,4TH STREET,BHARATHI PURAM
Line 2	TRICHY
<b>District</b>	THIRUCHIRAPPALLI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8508612725
<b>Email</b>	GAYATHRIKJI87@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	CCJPG8942C
<b>Passport Number</b>	
<b>Aadhar Number</b>	587184172635
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	19598838125
<b>Date of Birth</b>	07-11-1987
<b>Age</b>	37
<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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2009	OTHERS - PERIYAR MANIYAM MAI COLLEGE OF TECHNOLOGY FOR WOMEN	ANNA UNIVERSITY	79.4	DISTINCT ION	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2012	M A M COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.7	DISTINCT ION	

\* 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
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	28-03-2022	13-02-2024	1	10	17
SHIVANI COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	15-06-2012	30-04-2015	2	10	16
DHANALAKSHMI SRINIVASAN INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	02-03-2020	31-05-2020	0	2	30
OXFORD ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2016	01-10-2019	3	4	1
<b>Total</b>				8	4	7

**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) 21	Central Evaluation (No. of scripts Evaluated) 9	Re-Evaluation (No. of scripts Evaluated)
----------------------	-------------------------------	---	--	--

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

Signature of the Faculty : 

<b>Name of the College</b>	8126 - M A M COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-GENERAL ENGINEERING
<b>Name of the faculty member</b>	MRS. KALAIMAGHAL INDRA K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	4/410, 1ST FLOOR PONN NAGAR, OOTATHUR ROAD, PADALUR PO, ALTHUR TK,
Line 2	PERAMBALUR 621109
<b>District</b>	PERAMBALUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9600737901
<b>Email</b>	PRINCIPALMAMCE@MAMCE.ORG
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BTJPK9904L
<b>Passport Number</b>	
<b>Aadhar Number</b>	627927936085
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	06-07-1983
<b>Age</b>	41
<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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2005	DR PAULS ENGINEERING COLLEGE	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2016	GOJAN SCHOOL OF BUSINESS AND TECHNOLOGY	ANNA UNIVERSITY	78	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
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	21-02-2024	21-02-2024	0	0	1
<b>Total</b>				0	0	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)
-------------------	----------------------------	---	---	--



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



Yours Sincerely  
KALAMAGHAL INDRA  
K. Kalamaghal Indra

**Signature of the Faculty :**

<b>Name of the College</b>	8126 - M A M COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the faculty member</b>	MRS. KALPANA K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	1/139 MIDDLE STREET AYYAMPATTI THIRUVERUMBUR
Line 2	TRICHY 620015
<b>District</b>	THIRUCHIRAPPALLI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9626925380
<b>Email</b>	KALPANA.K1997@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	LXEPK4601H
<b>Passport Number</b>	
<b>Aadhar Number</b>	955149569408
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	111313976398
<b>Date of Birth</b>	15-06-1997
<b>Age</b>	27
<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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2018	K RAMAKRISHNAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	7.67	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2020	K RAMAKRISHNAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	8.35	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
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-04-2022	13-02-2024	1	10	10
<b>Total</b>				<b>1</b>	<b>10</b>	<b>15</b>

**V. Industrial Experience :**

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

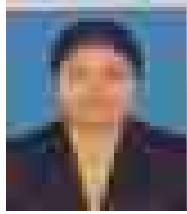
**VI. C.O.E. Appointment Experience :****Capacity at which service is extended for the conduct of Exmination during the last year**



<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>
		12	2	

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



**Signature of the Faculty :**

<b>Name of the College</b>	8126 - M A M COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-GENERAL ENGINEERING
<b>Name of the faculty member</b>	MS. LAKSHMI SK
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	106,HIGHWAYS COLONY ,SUBRAMANIYAPURAM
Line 2	TRICHY-620020
<b>District</b>	THIRUCHIRAPPALLI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9655745754
<b>Email</b>	PRINCIPALMAMCE@MAMCE.ORG
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	AXLPL1797P
<b>Passport Number</b>	
<b>Aadhar Number</b>	307713516106
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	18-08-1999
<b>Age</b>	25
<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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2020	SARANATHAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	83	FIRST CLASS	
P.G.	M.TECH.	OTHERS - RENEWABLE ENERGY	2023	OTHERS - PERIYAR MANIAMMAI INSTITUTE OF SCIENCE AND TECHNOLOGY	OTHERS - PERIYAR MANIAMMAI INSTITUTE OF SCIENCE AND TECHNOLOGY THANJAVUR	86	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
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	20-02-2024	20-02-2024	0	0	1
<b>Total</b>				0	0	1

**V. Industrial Experience :**

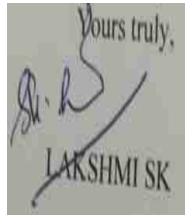
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

**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)
-------------------	----------------------------	---	---	--



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

Yours truly,  
  
LAKSHMI SK

**Signature of the Faculty :**

<b>Name of the College</b>	8126 - M A M COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	M.E.-POWER ELECTRONICS AND DRIVES
<b>Name of the faculty member</b>	MS. LATHA P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	442 ANNASALAI THUVAKUDIMALAI NORTH
Line 2	TRICHY
<b>District</b>	THIRUCHIRAPPALLI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8012288332
<b>Email</b>	LATHAPERIYASAMY1797@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BBDPL9232M
<b>Passport Number</b>	
<b>Aadhar Number</b>	918415021044
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	17-10-1997
<b>Age</b>	27
<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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2019	OXFORD ENGINEERING COLLEGE	ANNA UNIVERSITY	77.29	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2022	M I E T ENGINEERING COLLEGE	ANNA UNIVERSITY	86.39	DISTINCTION	

\* 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
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	28-07-2023	01-02-2024	0	6	5
<b>Total</b>				0	6	8

**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)
-------------------	----------------------------	---	---	--

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

A handwritten signature in blue ink on a textured, light-colored surface. The signature is stylized and appears to be 'P. J. P.' with a horizontal line underneath.

**Signature of the Faculty :**

<b>Name of the College</b>	8126 - M A M COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the faculty member</b>	MRS. LATHIFA SULTHANA NOORDEEN N
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO. 5, ABDUL KALAM NAGAR, TENNUR,
Line 2	TRICHY - 62000
<b>District</b>	THIRUCHIRAPPALLI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9944548714
<b>Email</b>	LATHIFAAZEEM@MAMCE.ORG
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	ASKPL8434N
<b>Passport Number</b>	
<b>Aadhar Number</b>	935708745674
<b>Faculty code given by C.O.E.</b>	8126407
<b>Faculty code given by A.I.C.T.E.</b>	465905221
<b>Date of Birth</b>	07-10-1984
<b>Age</b>	40
<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.E.	ELECTRONICS AND INSTRUMENTATION ENGINEERING	2002	M A M COLLEGE OF ENGINEERING	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2013	M A M COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.99	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
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	25-03-2011	14-06-2018	7	2	21
M A M COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	15-06-2018	13-02-2024	5	7	29
M I E T ENGINEERING COLLEGE	OTHERS - LECTURER	03-01-2007	06-01-2010	3	0	4
<b>Total</b>				15	10	28

**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) 3</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>
--	---	--	--	---

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



**Signature of the Faculty :**

<b>Name of the College</b>	8126 - M A M COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	M.E.-POWER ELECTRONICS AND DRIVES
<b>Name of the faculty member</b>	MR. LOGANATHAN B
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	3/29 NOORTH STREET
Line 2	NEIKULAM
<b>District</b>	THIRUCHIRAPPALLI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9626515988
<b>Email</b>	NATHANKRISHNAN2011@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AHAPL3589J
<b>Passport Number</b>	
<b>Aadhar Number</b>	603261017762
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	20-01-1992
<b>Age</b>	32
<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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2013	THANGAVELU ENGINEERING COLLEGE	ANNA UNIVERSITY	6.44	SECOND CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2016	KIT - KALAIKARUNANI THI INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	6.42	SECOND 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
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	09-05-2022	13-02-2024	1	9	5
<b>Total</b>				<b>1</b>	<b>9</b>	<b>9</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**


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)
-------------------	----------------------------	---	---	--



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



**Signature of the Faculty :**



<b>Name of the College</b>	8126 - M A M COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the faculty member</b>	MR. MANOHAR P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	65 KAILSH SANTHANAM GARDEN 11TH CROSS SHANMUGA NAGAR
Line 2	TRICHY
<b>District</b>	THIRUCHIRAPPALLI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9443648030
<b>Email</b>	MANAHAR.1234@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AXCPM7928E
<b>Passport Number</b>	
<b>Aadhar Number</b>	782286549871
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	17429318236
<b>Date of Birth</b>	09-06-1967
<b>Age</b>	57
<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.TECH.	OTHERS - EEE	2005	OTHERS - SASTRA UNIVERSITY	OTHERS - SASTRA UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2012	JJ COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.1	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 - ADHI SANKARER POLY TECH	OTHERS - INSTRUCTOR	08-06-2005	17-05-2006	0	11	10
OTHERS - THIRUMATHI ELIZABETH POLY TECH	OTHERS - INSTRUCTOR	08-05-2001	31-07-2002	1	2	24
OTHERS - MAR POLY TECH	OTHERS - LECTURER	07-06-2006	04-10-2009	3	3	28
M A M COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	04-11-2019	13-02-2024	4	3	10
M A M SCHOOL OF ENGINEERING	ASSISTANT PROFESSOR	02-05-2011	30-05-2015	4	0	29
M I E T ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-02-2018	30-04-2019	1	2	28
<b>Total</b>				15	1	9

**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)
		15	9	

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


**Signature of the Faculty :**

<b>Name of the College</b>	8126 - M A M COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the faculty member</b>	MRS. MEGALADEVI R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	PROFESSOR
<b>Residential Address</b> Line 1	31 2ND MAIN ROAD MURUGAVEL NAGAR
Line 2	KK NAGAR
<b>District</b>	THIRUCHIRAPPALLI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9994070998
<b>Email</b>	MEGAVENGAT73@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	SC
<b>PAN Number</b>	ARLPM2348H
<b>Passport Number</b>	
<b>Aadhar Number</b>	511588800022
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	17429317514
<b>Date of Birth</b>	05-01-1973
<b>Age</b>	51
<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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	1994	THIAGARAJAR COLLEGE OF ENGINEERING (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	HIGH VOLTAGE ENGINEERING	2005	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	6.74	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 - EVP ENG COLLEGE	OTHERS - LECTURER	26-06-2001	30-04-2005	3	10	5
SHIVANI COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	18-01-2016	30-04-2016	0	3	14
M A M COLLEGE OF ENGINEERING	PROFESSOR	10-06-2019	13-02-2024	4	8	4
M I E T ENGINEERING COLLEGE	ASSISTANT PROFESSOR	07-06-2007	25-03-2010	2	9	19
JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	03-07-1996	18-05-2001	4	10	16
J J COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-06-2010	25-05-2015	4	11	24
<b>Total</b>				21	5	27

**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) 25	Central Evaluation (No. of scripts Evaluated) 17	Re-Evaluation (No. of scripts Evaluated)

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



**Signature of the Faculty :**

<b>Name of the College</b>	8126 - M A M COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	M.E.-POWER ELECTRONICS AND DRIVES
<b>Name of the faculty member</b>	DR. PRAKASH G
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	PROFESSOR
<b>Residential Address</b> Line 1	42/66D THERKIRUPPU ANNANMALAI NAGAR
Line 2	CHIDAMBARAM 608002
<b>District</b>	CUDDALORE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9385514771
<b>Email</b>	PRAKSH.GUNASEKAR@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	EETPP2510F
<b>Passport Number</b>	
<b>Aadhar Number</b>	444651539501
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	17427825604
<b>Date of Birth</b>	14-05-1986
<b>Age</b>	38
<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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2007	ANNAMALAIAR COLLEGE OF ENGINEERING	ANNAMALAI UNIVERSITY	7.35	FIRST CLASS	
P.G.	M.E.	INSTRUMENTATION ENGINEERING	2009	ANNAMALAIAR COLLEGE OF ENGINEERING	ANNAMALAI UNIVERSITY	7.60	FIRST CLASS	
PH.D.	PH.D.	ELECTRONICS AND INSTRUMENTATION ENGINEERING	2018	ANNAMALAIAR COLLEGE OF ENGINEERING	ANNAMALAI UNIVERSITY	7.00		

\* Upload Scanned copy of Original Degree Certificate.

**I.a. Additional Qualification :-** NO ADDITIONAL QUALIFICATION

Score :

File :

**II. Title of Ph.D. Thesis**

ANALYSIS AND DESIGN OF CONTROLLERS FOR A MULTIVARIABLE PROCESS

**III. Faculty in which Ph.D. was awarded**

FACULTY OF ELECTRICAL ENGINEERING

**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
JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	18-01-2010	15-07-2010	0	5	29
M A M COLLEGE OF ENGINEERING	PROFESSOR	12-12-2019	13-02-2024	4	2	2
<b>Total</b>				4	8	4

**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) 12</b>	<b>Central Evaluation (No. of scripts Evaluated) 2</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
----------------------------------	---------------------------------------	---	--	---

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



**Signature of the Faculty :** 

<b>Name of the College</b>	8126 - M A M COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the faculty member</b>	MR. RAMANATHAN R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO.124, GORI NEAR TRITINY SCHOOL
Line 2	NAMAKKAL
<b>District</b>	NAMAKKAL
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8710011968
<b>Email</b>	NESTPBCEI@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	BFZPR2877D
<b>Passport Number</b>	
<b>Aadhar Number</b>	532610645699
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	14559828955
<b>Date of Birth</b>	18-12-1986
<b>Age</b>	38
<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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2011	JAYA INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	7.1	FIRST CLASS	
P.G.	B.E.	OTHERS - PED	2013	P B COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.4	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
MAHA BARATHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	23-09-2013	30-05-2017	3	8	7
M A M COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	18-06-2018	13-02-2024	5	7	26
ARIYALUR ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-07-2017	28-03-2018	0	8	24
<b>Total</b>				10	0	28

**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>
----------------------------------	---	--	--	---

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

**Signature of the Faculty :**



<b>Name of the College</b>	8126 - M A M COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the faculty member</b>	MRS. SASIKALA R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	13/5, ARABIKULA LANE, CHINNA KADAI STREET
Line 2	TRICHY 620002
<b>District</b>	THIRUCHIRAPPALLI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9789332436
<b>Email</b>	SASI142K6@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	DHKPS9169C
<b>Passport Number</b>	
<b>Aadhar Number</b>	818978756372
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1426012639
<b>Date of Birth</b>	14-02-1983
<b>Age</b>	41
<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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2004	JJ COLLEGE OF ENGINEERING AND TECHNOLOGY	BHARATHIDASAN UNIVERSITY	74	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2010	SONA COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	9.16	DISTINCT ION	

\* 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
OXFORD ENGINEERING COLLEGE	OTHERS - LECTURER	21-08-2006	29-08-2008	2	0	9
OXFORD ENGINEERING COLLEGE	ASSISTANT PROFESSOR	16-06-2010	30-06-2022	12	0	15
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	06-02-2023	13-02-2024	1	0	8
<b>Total</b>				15	1	2

**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>
		19	6	



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



**Signature of the Faculty :**

<b>Name of the College</b>	8126 - M A M COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the faculty member</b>	MR. SHEEBA T A
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	21 3RD STREET EXTN RANI ILLAM, BHARAKATH NAGAR
Line 2	THUVAKUDI TRICHY 620015
<b>District</b>	THIRUCHIRAPPALLI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8015461230
<b>Email</b>	SHEEBA6885@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	EPDPS9591L
<b>Passport Number</b>	
<b>Aadhar Number</b>	632689901578
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	19591272585
<b>Date of Birth</b>	06-08-1985
<b>Age</b>	39
<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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2007	JJ COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.TECH.	OTHERS - POWER ELECTRONICS DRIVES	2012	PONNAYAH RAMAJAYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - PRIST UNIVERSITY	93	DISTINCTION	

\* 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
M A M COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	21-04-2021	05-05-2021	0	0	15
TRICHY ENGINEERING COLLEGE	ASSISTANT PROFESSOR	13-05-2008	31-08-2020	12	3	19
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	09-04-2021	20-04-2021	0	0	12
OTHERS - SESHASAYEE INSTITUTE OF TECH	OTHERS - LECTURER	06-06-2007	10-05-2008	0	11	5
M A M COLLEGE OF ENGINEERING	PROFESSOR	06-05-2021	13-02-2024	2	9	8
<b>Total</b>				16	0	0

**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)
----------------------	-------------------------------	---	---	--

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

**Signature of the Faculty :**

<b>Name of the College</b>	8126 - M A M COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the faculty member</b>	MS. SOPHIA R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	8/17 MARUDUR ROAD SAMAYAPURAM
Line 2	TRICHY
<b>District</b>	THIRUCHIRAPPALLI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9943522472
<b>Email</b>	SHOFIBE@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	DSVPS1227K
<b>Passport Number</b>	
<b>Aadhar Number</b>	300147755613
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1749317945
<b>Date of Birth</b>	03-07-1985
<b>Age</b>	39
<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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2006	ROEVER ENGINEERING COLLEGE	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2013	M A M COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.39	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
SURYA COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	31-12-2018	14-12-2019	0	11	15
TRICHY ENGINEERING COLLEGE	ASSISTANT PROFESSOR	30-12-2017	28-12-2018	0	11	30
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	17-12-2019	13-02-2024	4	1	28
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-12-2015	29-12-2017	2	0	29
<b>Total</b>				<b>8</b>	<b>2</b>	<b>13</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>
		15	10	

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

**Signature of the Faculty :**



<b>Name of the College</b>	8126 - M A M COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the faculty member</b>	MRS. SREE VARSHINI K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	48 SAMIYAPPA NAGAR
Line 2	VADAKKU MADHAVI ROAD
<b>District</b>	PERAMBALUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9345768682
<b>Email</b>	MUKILA91@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	SC
<b>PAN Number</b>	FKOPS4890F
<b>Passport Number</b>	
<b>Aadhar Number</b>	895346520448
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	23-04-1991
<b>Age</b>	33
<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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2012	OTHERS - VALLIAM NAI ENG COLLEGE	ANNA UNIVERSITY	2012	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2014	SONA COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	9.34	DISTINCTION	

\* 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
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	31-03-2022	13-02-2024	1	10	14
<b>Total</b>				<b>1</b>	<b>10</b>	<b>19</b>

**V. Industrial Experience :**

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

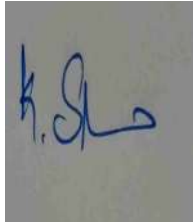
**VI. C.O.E. Appointment Experience :**

**Capacity at which service is extended for the conduct of Exmination during the last year**

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)
-------------------	----------------------------	---	---	--

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

**Signature of the Faculty :**

A handwritten signature in blue ink, appearing to be 'K. S.', is displayed within a rectangular box.