




Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the faculty member	MRS. DEEPAPRINCY V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	4 AMMAN KOVIL STREET MANAPARAI
Line 2	TRICHY
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9842702678
Email	DEEPAPRINCY20@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CPQPD3770Q
Passport Number	
Aadhar Number	705171943768
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	17427825966
Date of Birth	31-05-1994
Age	30
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2015	CARE COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.35	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2018	MOTHER TERASA COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.25	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	ASSOCIATE PROFESSOR	19-12-2019	13-02-2024	4	1	26
V K S COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	18-06-2018	30-06-2019	1	0	13
Total				5	2	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)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the faculty member	MS. DIVYA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7A / Z4, NEW MG PURAM
Line 2	PERAMBALUR
District	PERAMBALUR
Telephone number	-
Mobile number	+91 - 7358895410
Email	PRINCIPALMAMCE@MAMCE.ORG
Gender	FEMALE
Community	BC
PAN Number	DCXPD2797F
Passport Number	
Aadhar Number	777915739374
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	30-09-1991
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2013	P R ENGINEERING COLLEGE	ANNA UNIVERSITY	74.2	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2015	DHANALAKSHMI SRINIVASAN ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	78.6	FIRST CLASS	

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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	23-05-2023	13-02-2024	0	8	22
Total				0	8	26

V. Industrial Experience :

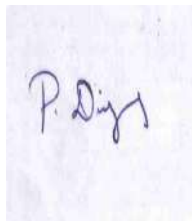
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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 rectangular box containing a handwritten signature in blue ink that reads "P. Dign".

Signature of the Faculty :

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the faculty member	MRS. KIREN VEDI H
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	10 ANDAL STREET, IYYAPPAN NAGAR,
Line 2	K K NAGAR, TRICHY - 620000
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 8973084866
Email	KAVIKIREN@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	BFAPK8867H
Passport Number	
Aadhar Number	295995334184
Faculty code given by C.O.E.	NA
Faculty code given by A.I.C.T.E.	1404234951
Date of Birth	02-02-1980
Age	44
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.	ELECTRONICS AND INSTRUMENTATION ENGINEERING	2003	OTHERS - ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	62.5	FIRST CLASS	
P.G.	M.TECH.	OTHERS - POWER CONTROL AND INSTRUMENTATION	2006	OTHERS - ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	8.02	FIRST CLASS	

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

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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 - SHEELA COLLEGE OF ENGINEERING	OTHERS - LECTURER	06-01-2006	06-01-2007	1	0	1
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-12-2010	05-01-2011	0	1	3
ANNAI TERESA COLLEGE OF ENGINEERING	OTHERS - LECTURER	03-06-2007	30-09-2010	3	3	28
M A M COLLEGE OF ENGINEERING	PROFESSOR	02-05-2011	13-02-2024	12	9	12
Total				17	2	15

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)
5		25	7	

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

Signature of the Faculty : 

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. PRABHAHARAN P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	42/16,VASANTHA NAGAR , LALGUDI
Line 2	TRICHY
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9585353286
Email	PRINCIPALMAMCE@MAMCE.ORG
Gender	MALE
Community	BC
PAN Number	BRPPP7758Z
Passport Number	
Aadhar Number	318170414119
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	10-11-1981
Age	43
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.	ELECTRONICS AND INSTRUMENTATION ENGINEERING	2003	OTHERS - SAPTHA GIRI ENGINEERING	ANNA UNIVERSITY	68	SECOND CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2008	GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	ANNA UNIVERSITY	62	SECOND CLASS	

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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	05-12-2023	05-02-2024	0	2	1
Total				0	2	2

V. Industrial Experience :

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

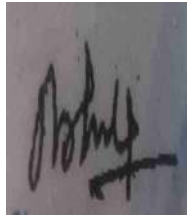
VI. C.O.E. Appointment Experience :

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



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 handwritten signature in black ink on a light-colored background. The signature is cursive and appears to be 'A. S. S.' with a horizontal line underneath.

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the faculty member	MRS. RATHIKA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6/118, MIDDLE STREET, KOLAKKUDI PO, THOTTIAM TK
Line 2	TRICHY - 621208
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9789467691
Email	RATHIKASELVARAJU@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BPQPR1747P
Passport Number	
Aadhar Number	713712207259
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	17507652322
Date of Birth	04-06-1992
Age	32
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2013	ALAGAPPA CHETTIAR GOVERNMENT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.81	DISTINCTION	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2015	SRI RAMAKRISHNA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.39	FIRST CLASS	

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

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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
VETRI VINAYAHA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	16-12-2019	25-04-2022	2	4	10
MOUNT ZION COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	05-12-2016	25-03-2019	2	3	21
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-10-2023	15-02-2024	0	4	12
M A M SCHOOL OF ENGINEERING	ASSISTANT PROFESSOR	03-08-2022	06-03-2023	0	7	4
Total				5	7	21

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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Signature of the Faculty : 

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the faculty member	MS. ABINAYA B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	60B RAJAGANAPATHY NAGAR GAJAMALAI
Line 2	TRICHY 620023
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9578102488
Email	ABINAYASUBAMANIYAN26@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CIWPA3195E
Passport Number	
Aadhar Number	409306144061
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	110778335948
Date of Birth	26-01-1995
Age	29
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.	ELECTRONICS AND INSTRUMENTATION ENGINEERING	2017	CHETTINAD COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	6.7	FIRST CLASS	
P.G.	M.E.	OTHERS - ELECTRONICS AND INSTRUMENTATION ENGINEERING	2019	OTHERS - ANNA UNIVERSITY MIT CAMPUS	ANNA UNIVERSITY	7.15	FIRST CLASS	

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

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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	29-11-2021	13-02-2024	2	2	15
Total				2	2	16

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)
		5		

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

Signature of the Faculty :

