
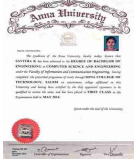
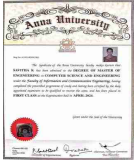


Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	291946
Name of the Department	OTHERS - ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. SAVITHA K
Regular Or Adjunct	Regular
Image	 <p>Dr.P. LAWRENCE, M.E., P.H.D., PRINCIPAL P.S.V. COLLEGE OF ENGINEERING & TECHNOLOGY KRISHNAGIRI DI-635 100.</p>
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	363 N 7 GANDHI ROAD ,OLD PET,
Line 2	KRISHNAGIRI,635001
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9597323432
Email	KSAVITHA1993@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	FDWPS6966K
Passport Number	
Faculty code given by C.O.E.	6118337
Faculty code given by A.I.C.T.E.	1-44722723112
Date of Birth	07-06-1993
Age	31
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	2014	SONA COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	84	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2024	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.52	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
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	12-08-2024	05-02-2025	0	5	25
Total				0	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 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, appearing to read "K. Sait", is centered within a rectangular box. The signature is written in a cursive style with a horizontal line extending to the right.

Signature of the Faculty :