




Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	303026
Name of the Department	BIO-MEDICAL
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MRS. SHABANA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/103,VARATANAPALLI ROAD
Line 2	KANDHIKUPPAM.635108
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9361101145
Email	FATHIMASHABANA44@GMAIL.COM
Gender	FEMALE
Community	OTHERS - BCM
PAN Number	HCYPS8603E
Passport Number	
Faculty code given by C.O.E.	6118384
Faculty code given by A.I.C.T.E.	1-43463166958
Date of Birth	08-10-1993
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2014	ER. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	8.9	DISTINCTION	
P.G.	M.E.	EMBEDDED SYSTEM TECHNOLOGIES	2024	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.6	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
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	25-10-2024	05-02-2025	0	3	12
OTHERS - ST JOSPHS POLYTECHNIC COLLEGE	OTHERS - LECTURER	01-07-2014	03-01-2018	3	6	3
OTHERS - P S V POLYTECHNIC COLLEGE	OTHERS - LECTURER	01-03-2021	01-08-2022	1	5	1
Total				5	2	18

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 :

