




Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	289630
Name of the Department	BIO-MEDICAL
Name of the Degree & Course	B.E.-BIOMEDICAL ENGINEERING
Name of the faculty member	MRS. SUGANYA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	129/69 ,THIRUVANNA MALAI ROAD,NEW PET
Line 2	KRISHNAGIRI,635001
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9944461619
Email	RSUGANYARAJA92@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	ENSPS8187K
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-43840563301
Date of Birth	28-04-1992
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2013	OTHERS - SRINIVASA INSTITUTE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.7	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2022	BHARATHI DASAN ENGINEERING COLLEGE	ANNA UNIVERSITY	8.60	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	20-07-2023	05-02-2025	1	6	17
Total				1	6	20

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 be 'S. R.', is positioned within a rectangular box. The signature is written in a cursive style.

Signature of the Faculty :