

Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	286658
Name of the Department	BIO-MEDICAL
Name of the Degree & Course	B.E.-BIOMEDICAL ENGINEERING
Name of the faculty member	MRS. VETRISselvi R
Regular Or Adjunct	Regular
Image	 <p>Dr.P. LAWRENCE, M.E., Ph.D., PRINCIPAL P.S.V. COLLEGE OF ENGINEERING & TECHNOLOGY KRISHNAGIRI DT-635 108.</p>
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	170 KAKKANAMPALAYAM VILLAGE, RAJAPALAYAM POST,
Line 2	TIRUPATTUR, 635653
District	TIRUPATHUR
Telephone number	-
Mobile number	+91 - 8072953916
Email	VETRIMARY1719@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	BKKPV5729G
Passport Number	
Faculty code given by C.O.E.	6118327
Faculty code given by A.I.C.T.E.	1-43840563350
Date of Birth	19-07-1999
Age	25
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.	BIOMEDICAL ENGINEERING	2021	SALEM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.78	FIRST CLASS	
P.G.	M.E.	BIOMEDICAL ENGINEERING	2023	G K M COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.63	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	06-11-2023	05-02-2025	1	2	30
Total				1	2	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)
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It is certified that all the information provided are true to the best of my knowledge.

A square image showing a handwritten signature in black ink on a light-colored background. The signature appears to be 'R. Vetrisehij'.

Signature of the Faculty :