




Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	270376
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. KOKILA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/386, THIRUMALAI NAGAR, ARTS COLLEGE BACK SIDE,
Line 2	KRISHNAGIRI-635001
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9789989178
Email	KOKILAPRABHU06@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	LETPS9358M
Passport Number	
Faculty code given by C.O.E.	6118292
Faculty code given by A.I.C.T.E.	1-10546203008
Date of Birth	10-06-1986
Age	38
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.	CIVIL ENGINEERING	2017	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	71.6	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2020	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	81.4	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	01-09-2021	05-02-2025	3	5	5
Total				3	5	7

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)
----------------------	-------------------------------	---	--	---

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

A handwritten signature in blue ink, appearing to read 'Hokila', is positioned within a rectangular box.

Signature of the Faculty :