




Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	291124
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	M.E.-STRUCTURAL ENGINEERING
Name of the faculty member	MRS. RANI M
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	3/587-3, RAYAPPA NAGAR LAYOUT
Line 2	KRISHNAGIRI-635002
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 8903977840
Email	RANIMADHU12345@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AUCPR7559P
Passport Number	
Faculty code given by C.O.E.	6118221
Faculty code given by A.I.C.T.E.	1-3357147953
Date of Birth	15-06-1976
Age	48
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	2014	ADHIYAM AAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	8.6	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2016	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.4	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	11-08-2016	05-02-2025	8	5	26
Total				8	5	28

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.

M. Ranj

Signature of the Faculty :