




Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	270801
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. SIVA SANKARI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/74,DHARMAPURI MAIN ROAD , ARASAM PATTI,POCHAMPALLI TK
Line 2	KRISHNAGIRI-635201
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9677372672
Email	SIVASANKARI8574@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	LBBPS4972A
Passport Number	
Faculty code given by C.O.E.	6118291
Faculty code given by A.I.C.T.E.	1-10545854902
Date of Birth	18-02-1997
Age	27
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	2018	HINDUSTHAN COLLEGE OF ENGINEERING AND TECHNOLOGY(AUTONOMOUS)	ANNA UNIVERSITY	6.63	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2021	ANNA UNIVERSITY REGIONAL CAMPUS, MADURAI	ANNA UNIVERSITY	7.71	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	24-09-2021	05-02-2025	3	4	12
Total				3	4	14

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



Signature of the Faculty :