

<b>Name of the College</b>	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
<b>Faculty ID</b>	286242
<b>Name of the Department</b>	CIVIL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-CIVIL ENGINEERING
<b>Name of the faculty member</b>	MRS. PRIYAADHARASHINI M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	102 GURUVINAYANAPALLI, MEDUGAMPALLI
Line 2	KRISHNAGIRI, 635120
<b>District</b>	KRISHNAGIRI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9443682448
<b>Email</b>	PRIYAAPAVI18@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	DBMPP5280B
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	5118109
<b>Faculty code given by A.I.C.T.E.</b>	1-9508242450
<b>Date of Birth</b>	18-07-1992
<b>Age</b>	32
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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	2013	ARUNAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.26	FIRST CLASS	
P.G.	M.TECH.	REMOTE SENSING AND GIS	2015	ADHIYAMAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	8.4	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
PODHIGAI COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	17-10-2022	02-06-2023	0	7	17
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	17-07-2023	05-02-2025	1	6	20
CHETTINAD COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	15-07-2015	27-10-2016	1	3	13
PODHIGAI COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	03-07-2017	24-10-2019	2	3	22
<b>Total</b>				<b>5</b>	<b>9</b>	<b>16</b>

**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**

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b> 1	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**