
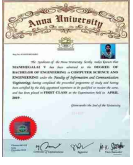



Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	301351
Name of the Department	OTHERS - COMPUTER SCIENCE AND ENGINEERING CYBER SECURITY
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MRS. MANIMEGALAI V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/76,POOKARAN VATTAM ,PULLANERI POST,
Line 2	NATRAMPALLI ,635851
District	TIRUPATHUR
Telephone number	-
Mobile number	+91 - 8098170389
Email	MAHATHIMEGLA115@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CXQPM4487A
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44724021711
Date of Birth	11-05-1998
Age	26
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.	COMPUTER SCIENCE AND ENGINEERING	2019	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.9	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2022	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	9.2	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	03-06-2024	05-02-2025	0	8	3
Total				0	8	7

V. Industrial Experience :

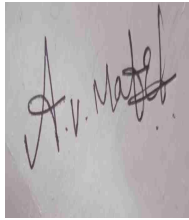
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of 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 handwritten signature in black ink on a light-colored background. The signature appears to be 'A. V. Magesh' written in a cursive style.

Signature of the Faculty :