




Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	267438
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. SUGANDHIMARIYAL D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	512/2G ENDU CHETTI STREET
Line 2	BARGUR - 635104
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9591830004
Email	AMMUSUGAN4@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	FJMPS8831M
Passport Number	
Faculty code given by C.O.E.	6118334
Faculty code given by A.I.C.T.E.	1-44731900161
Date of Birth	10-10-1989
Age	35
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	2011	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.71	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.73	DISTINCTION	

* 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
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	03-06-2013	30-09-2015	2	3	28
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	03-05-2018	30-04-2021	2	11	29
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2024	05-02-2025	0	7	5
Total				5	11	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.

Signature of the Faculty :

