

Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	311393
Name of the Department	OTHERS - COMPUTER SCIENCE AND ENGINEERING CYBER SECURITY
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING (CYBER SECURITY)
Name of the faculty member	MRS. MONICA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	279, GAJAL NAGANPATTI
Line 2	TIRUPATTUR,635901
District	TIRUPATHUR
Telephone number	-
Mobile number	+91 - 7708808229
Email	MONICABECSE6@GMIAL.COM
Gender	FEMALE
Community	SC
PAN Number	JCTPM7934M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44735399148
Date of Birth	06-10-1997
Age	28
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	THE KAVERY ENGINEERING COLLEGE	ANNA UNIVERSITY	6.6	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2024	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.3	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	23-10-2024	05-02-2025	0	3	14
Total				0	3	15

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 :