



Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	293712
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. EZHILARASI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/338,SAMATHUVAPURAM,
Line 2	HOSUR,635109
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9677903334
Email	EZHILARASI2K@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	ADEPE5056D
Passport Number	
Faculty code given by C.O.E.	6118345
Faculty code given by A.I.C.T.E.	1-44722722347
Date of Birth	12-03-2000
Age	24
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.TECH.	INFORMATION TECHNOLOGY	2021	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.87	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2024	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.1	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	19-08-2024	05-02-2025	0	5	18
Total				0	5	20

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 :