




Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	292118
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. KAVIPRIYA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/66,MEL STREET ,VARATTANAPALLI,
Line 2	KRISHNAGIRI,635120
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9942923750
Email	KAVIPRIYASAMRAJ@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BXZPK5614D
Passport Number	
Faculty code given by C.O.E.	6118080
Faculty code given by A.I.C.T.E.	1-485297277
Date of Birth	22-07-1989
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2010	ADHIYAM AAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2013	VARUVAN VADIVELAN INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	8.07	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	21-06-2013	04-02-2025	11	7	14
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	09-06-2010	31-07-2011	1	1	22
Total				12	9	10

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)
		4	150	

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :