



Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	292244
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. SUGANTHI T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	14B PUDUPET MAIN ROAD
Line 2	TIRUPATTUR,635601
District	TIRUPATHUR
Telephone number	-
Mobile number	+91 - 9597898245
Email	SUGANTHIEEE94@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	DVEPS1316F
Passport Number	
Faculty code given by C.O.E.	5105130
Faculty code given by A.I.C.T.E.	1-10550097043
Date of Birth	15-06-1992
Age	32
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2014	MAHENDRA ENGINEERING COLLEGE FOR WOMEN	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2016	ANNAI MATHAMMAL SHEELA ENGINEERING COLLEGE	ANNA UNIVERSITY	77	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
BHARATHIDASAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	27-09-2021	28-06-2024	2	9	2
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2024	04-02-2025	0	7	4
Total				3	4	9

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)
----------------------------------	---	--	--	---

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

Signature of the Faculty :

