




<b>Name of the College</b>	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
<b>Faculty ID</b>	302494
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the faculty member</b>	MRS. TAMILVANI M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	 <p>Dr. P. LAWRENCE M.E., Ph.D. PONDICHERRY PSV COLLEGE OF ENGINEERING &amp; TECHNOLOGY MUTTAHALLI, BALUNYANAPALLI Po KRISHNAGIRI Dt, 635 108. TAMIL NADU.</p>
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	1/132,MUPPAR STREET
Line 2	BARGUR,635104
<b>District</b>	KRISHNAGIRI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8248674239
<b>Email</b>	TAMILVANIEEE95@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	AXYPT6977A
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44723157506
<b>Date of Birth</b>	21-02-1995
<b>Age</b>	29
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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	2016	K S R COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	8.2	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2018	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.6	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	03-07-2024	04-02-2025	0	7	2
<b>Total</b>				0	7	5

**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.

A handwritten signature in black ink, appearing to read "M. T. El", is positioned over a blurred, colorful background within a rectangular box.

**Signature of the Faculty :**