	C110 DCVCOLLEGE OF ENGINEEDING AND				
Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY				
Faculty ID	289803				
Name of the Department	INFORMATION TECHNOLOGY				
Name of the Degree & Course	B.TECHINFORMATION TECHNOLOGY				
Name of the faculty member	MRS. ABIRAMI P				
Regular Or Adjunct	Regular				
Image	Dr.P. LAWRENCE, ME, Ph.D., PRINCIPAL, PRINCIPAL, PRINCIPAL, PS. VCOLLEGE OF ENGINEERING & TECHNOLOGY KRISHNAGIRI DI-633 108.				
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	1/47 ,CHINNATHALA PALLI,PEDDATALAPALLI				
Line 2	KRISHNAGIRI,635001				
District	KRISHNAGIRI				
Telephone number	-				
Mobile number	+91 - 9626284744				
Email	ABIRAMIMADHANKUMAR210@GMAIL.COM				
Gender	FEMALE				
Community	MBC				
PAN Number	CIMPA9158F				
Passport Number					
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	1-44722419194				
Date of Birth	02-02-1994				
Age	30				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializat ion	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 ENGINEERI NG	2015	COIMBATO RE INSTITUTE OF TECHNOLO GY (AUTONOM OUS)	ANNA UNIVERSIT Y	6.79	FIRST CLASS	And Interesting
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERI NG	2017	ANNA UNIVESITY REGIONAL CAMPUS, COIMBATO RE	ANNA UNIVERSIT Y	8.28	FIRST CLASS	Aun Ruiserij

^{*} Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score : File :

II. Title of Ph.D. Thes

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) $\mbox{*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	12-08-2024	29-01-2025	0	5	18
			Total	0	5	20

V. Industrial Experience:

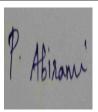
Name of the	Designation	Nature of Work	Joining Date	Relieving Date -	E	Experience		
Organisation	Designation	Nature of Work	Joining Date		Years	Months	Days	

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: