




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.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. ABIRAMI P
Regular Or Adjunct	Regular
Image	 <p>Dr.P. LAWRENCE, M.E., Ph.D., PRINCIPAL PSV COLLEGE OF ENGINEERING & TECHNOLOGY KRISHNAGIRI DT-635 108.</p>
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	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.	COMPUTER SCIENCE AND ENGINEERING	2015	COIMBATORE INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	6.79	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2017	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	8.28	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	12-08-2024	29-01-2025	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.

P. Abirami

Signature of the Faculty :