
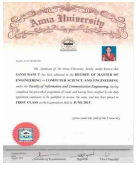


Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	271476
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. JANSI RANI T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/564 PULINCERY , ANNA NAGAR ,BEEMANDAPALLI POST,KURUMARAPALLI
Line 2	KRISHNAGIRI-635115
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 8940972395
Email	JANUTHIRU1990@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AWPPJ9246A
Passport Number	
Faculty code given by C.O.E.	6125075
Faculty code given by A.I.C.T.E.	1-3010755719
Date of Birth	11-02-1990
Age	34
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.TECH.	INFORMATION TECHNOLOGY	2012	VIVEKANANDA COLLEGE OF ENGINEERING FOR WOMEN (AUTONOMOUS)	ANNA UNIVERSITY	74	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	81	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	28-03-2022	06-02-2025	2	10	10
SRI VENKATESHWARA INSTITUTE OF ENGINEERING	ASSISTANT PROFESSOR	13-07-2015	28-02-2022	6	7	19
Total				9	5	2

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) 3	Central Evaluation (No. of scripts Evaluated) 200	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.

Signature of the Faculty :

