
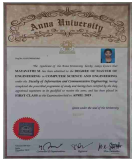


Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	290701
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. MAYAVATHI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/136, SOUVLUR VILLAGE ,GANGALERI POST
Line 2	KRISHNAGIRI,635122
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 8807822922
Email	MAYAVATHIMAYA6@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	CNXPM3857P
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-7401698915
Date of Birth	19-02-1994
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	GOVERNMENT COLLEGE OF ENGINEERING BARGUR (AUTONOMOUS)	ANNA UNIVERSITY	7.36	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2019	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.85	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	02-12-2019	05-02-2025	5	2	4
Total				5	2	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 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.

A handwritten signature in black ink, appearing to be 'M. A. W. A. W.', is written over a light blue grid background.

Signature of the Faculty :