

Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	287955
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. DIVYA G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/444,VELKALNATHAM,NATRAMPALLI TK
Line 2	TIRUPATTUR,635854
District	TIRUPATHUR
Telephone number	-
Mobile number	+91 - 9003874938
Email	IMCOOL.DIVYAGOVIND@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	KOUPS7866L
Passport Number	
Faculty code given by C.O.E.	6118328
Faculty code given by A.I.C.T.E.	1-3357147761
Date of Birth	25-09-1990
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	RANIPETTAI ENGINEERING COLLEGE	ANNA UNIVERSITY	77	FIRST CLASS	
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2016	P.S.V. COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	80	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	19-12-2016	29-01-2025	8	1	11
Total				8	1	11

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 blue ink, appearing to read "G. Dugga", is centered within a light gray rectangular box.

Signature of the Faculty :