





Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	290369
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. GOMATHI P
Regular Or Adjunct	Regular
Image	 <p>D.r.P. LAWRENCE, M.E., Ph.D. PRINCIPAL P.S.V. COLLEGE OF ENGINEERING & TECHNOLOGY KRISHNAGIRI Dt-635 109</p>
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/45 ,DHODDARATHANAHALLI
Line 2	PALACODE,636808
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9843099570
Email	PONNANGOMATHI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CURPG9152L
Passport Number	
Faculty code given by C.O.E.	6118336
Faculty code given by A.I.C.T.E.	1-44731112550
Date of Birth	06-04-1990
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.SC.	OTHERS - MATHEMATICS	2010	OTHERS - VIVEKANANDA COLLEGE FOR WOMEN	PERIYAR UNIVERSITY	62	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2012	OTHERS - KONGU ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	82	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2015	OTHERS - KONGU ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	70	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	22-01-2016	23-04-2019	3	3	2
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	13-09-2024	05-02-2025	0	4	23
Total				3	7	28

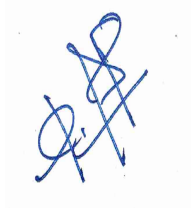
V. Industrial Experience :

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)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :