

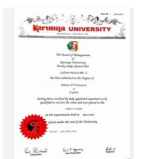


Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	289018
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MRS. LEENA ROSALINE C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/292,VARATANAPALLI ROAD ,KANDHIKUPPAM
Line 2	KRISHNAGIRI,635108
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 6385543427
Email	LEENA.LSRW@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AIRPL7736K
Passport Number	
Faculty code given by C.O.E.	6118012
Faculty code given by A.I.C.T.E.	1-462027947
Date of Birth	22-05-1984
Age	40
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.A.	ENGLISH	2005	OTHERS - AUXILIM COLLEGE	UNIVERSITY OF MADRAS	55	SECOND CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2008	OTHERS - AUXILIUM COLLEGE	THIRUVALLUVAR UNIVERSITY	59.8	SECOND CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - ENGLISH	2009	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA 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	12-01-2011	05-02-2025	14	0	25
Total				14	0	25

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)
5		2	300	3

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

Signature of the Faculty :

