Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	288889
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MRS. PRAISY METILDA R
Regular Or Adjunct	Regular
Image	Dr.P. LAWRINGE, M.S., Ph.D., PRINCIPAL PLANTED OF ENGINEERING A SECHNOLOGY KRISHNAGIRI DI-633 168.
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/300,IMMANUEL COTTAGE,KOCKANOOR VILLEGE,KANDHIKUPPAM POST
Line 2	KRISHNAGIRI,635108
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9597110531
Email	PRAISYMETILDA12@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DVJPP8019R
Passport Number	
Faculty code given by C.O.E.	6118342
Faculty code given by A.I.C.T.E.	1-44731112478
Date of Birth	12-05-1994
Age	30
I. Particulars of Educational Qualification : (on	ly completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - PHYSICS	2014	OTHERS - GONZAGA COLLEGE OF ARTS AND SCIENCE FOR WOMEN	PERIYAR UNIVERSI TY	83.4	DISTINCT ION	The second secon
P.G.	M.SC.	OTHERS - PHYSICS	2017	OTHERS - GONZAGA COLLEGE OF ARTS AND SCIENCE FOR WOMEN	PERIYAR UNIVERSI TY	83.27	DISTINCT ION	The state of the s
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - PHYSICS	2019	OTHERS - GONZAGA COLLEGE OF ARTS AND SCIENCE FOR WOMEN	PERIYAR UNIVERSI TY	89.54	DISTINCT ION	Control of the contro
* Upload Scanned copy of Original Degree Certificate. I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION								

File:

II.	Title	of	Ph.D.	Thesis
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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		
Name of the Conege				Years	Months	Days
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	09-09-2024	05-02-2025	0	4	27
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	04-02-2019	30-12-2022	3	10	24
Total					3	23

V. Industrial Experience :

Name of the Designation	Decignation	Nature of Work	Joining Date	Relieving Date	Experience		
Organisation	Designation				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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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

Signature of the Faculty: