

Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	306146
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-TAMIL
Name of the faculty member	MRS. JOTHILAKSHMI C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/100,RAJA STREET , KETHANDA PATTI,
Line 2	NATTRAM PALLI,635815
District	TIRUPATHUR
Telephone number	-
Mobile number	+91 - 9655754487
Email	JOTHILAKSHMIC86@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	AWZPJ8882G
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-43882985765
Date of Birth	15-04-1986
Age	38
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.	OTHERS - TAMIL	2008	OTHERS - ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	46.50	SECOND CLASS	
P.G.	OTHERS - M.A	OTHERS - TAMIL	2014	OTHERS - SACRED HEART COLLEGE	THIRUVAL LUVAR UNIVERSITY	72.40	FIRST CLASS	
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - TAMIL	2015	OTHERS - SACRED HEART COLLEGE	THIRUVAL LUVAR UNIVERSITY	69	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	27-11-2024	05-02-2025	0	2	9
OTHERS - MARUDHAR KESARI JAIN COLLGE FOR WOMEN	ASSISTANT PROFESSOR	20-07-2015	31-03-2020	4	8	12
Total				4	10	26

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 :

