
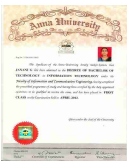



Name of the College	1131 - VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH. - INFORMATION TECHNOLOGY
Name of the faculty member	MS. JANANI G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	PLOT NO 96 VETTRI VEL NAGAR VEL TECH ROAD
Line 2	NEW VELLANUR AVADI, CHENNAI-600062
District	TIRUVALLUR
Telephone number	9144 - 26842096
Mobile number	+91 - 9789844541
Email	JANANI@VELTECHMULTITECH.ORG
Gender	FEMALE
Community	OC
PAN Number	ARQPG4646R
Passport Number	H4943962
Aadhar Number	704163948217
Faculty code given by C.O.E.	1131389
Faculty code given by A.I.C.T.E.	2966658227
Date of Birth	22-05-1991
Age	27
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	DMI ENGINEERING COLLEGE	ANNA UNIVERSITY	7.5	FIRST CLASS	
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2014	OTHERS - SATHYABAMA UNIVERSITY	OTHERS - SATHYABAMA UNIVERSITY	7.9	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
VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	15-02-2016	18-12-2018	2	10	4
Total				2	10	9

V. Industrial Experience :

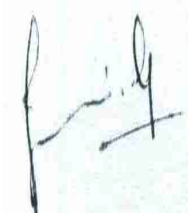
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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)
-------------------	----------------------------	---	---	--

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

A handwritten signature in black ink, appearing to be 'F. J. G.', is centered within a light blue rectangular box.

Signature of the Faculty :