




Name of the College	1131 - VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E. - CIVIL ENGINEERING
Name of the faculty member	MS. SUBALAKSHMI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	PLOT NO 11 MRF NAGAR AVADI
Line 2	CHENNAI-600 054
District	TIRUVALLUR
Telephone number	-
Mobile number	+91 - 9786406632
Email	SUBALAKSHMI@VELTECHMULTITECH.ORG
Gender	FEMALE
Community	SC
PAN Number	DNRPS7974G
Passport Number	
Aadhar Number	714506904387
Faculty code given by C.O.E.	1131026
Faculty code given by A.I.C.T.E.	1374300721
Date of Birth	21-04-1986
Age	33
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.	OTHERS - AGRICULTURAL ENGINEERING	2008	OTHERS - AGRICULTURAL ENGINEERING COLLEGE	OTHERS - TAMIL NADU AGRICULTURAL UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	OTHERS - INTEGRATED WATER RESOURCE MANAGEMENT	2011	COLLEGE OF ENGINEERING GUINDY	ANNA 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
VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	22-06-2011	10-01-2019	7	6	19
Total				7	6	22

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)
		1	300	

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 'Rishabh', is centered within a rectangular box.

Signature of the Faculty :