

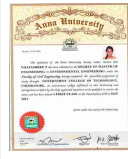


Name of the College	1131 - VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E. - CIVIL ENGINEERING
Name of the faculty member	MS. VIJAYASHREE T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	10TH BLOCK NO 862 ELANGO STREET MOGAPPAIR EAST
Line 2	CHENNAI
District	CHENNAI
Telephone number	-
Mobile number	+91 - 9500519552
Email	VIJAYASHREE@VELTECHMULTITECH.ORG
Gender	FEMALE
Community	SC
PAN Number	BJBPV3350B
Passport Number	M6800574
Aadhar Number	647258624696
Faculty code given by C.O.E.	1131432
Faculty code given by A.I.C.T.E.	3536681356
Date of Birth	22-05-1993
Age	25
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.E.	CIVIL ENGINEERING	2015	R M K ENGINEERING COLLEGE	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	ENVIRONMENTAL ENGINEERING	2017	GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	ANNA UNIVERSITY	84.5	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	20-07-2017	14-12-2018	1	4	26
Total				1	4	28

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.

A handwritten signature in blue ink on a light blue background. The signature is stylized and appears to be 'E. S. L.' or similar.

Signature of the Faculty :