





Anna University, Chennai
Vel Tech Multi Tech Dr Rangarajan Dr Sakunthala Engineering College (Autonomous) - 1131

13. Faculty

Name of the College	1131 - VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. SONIYA V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 23,KOOTHANDAVAR KOVIYL STREET,PELASUR
Line 2	606803
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 7904035468
Email	SONIYA@VELTECHMULTITECH.ORG
Gender	FEMALE
Community	MBC
PAN Number	KAXPS5019A
Passport Number	
Aadhar Number	696579422848
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1594652869
Date of Birth	15-07-1991
Age	31
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
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2016	OTHERS - MADRAS INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	69	FIRST CLASS	
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2012	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	67	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 (AUTONOMOUS)	ASSISTANT PROFESSOR	26-08-2021	30-03-2023	1	7	5
Total				1	7	5

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 dark ink, appearing to read "M. J. J. J. J.", is positioned within a rectangular box. The signature is written in a cursive style with a large initial 'M'.

Signature of the Faculty :