





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	MS. MEEHA D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5-68 D ,NANGACHI VILAI,POOKADAI,
Line 2	THIRUVITHAN CODE
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9952862384
Email	MEEHA@VELTECHMULTITECH.ORG
Gender	FEMALE
Community	BC
PAN Number	DSCPM6967F
Passport Number	
Aadhar Number	397895252361
Faculty code given by C.O.E.	1131653
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	29-06-1998
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
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2022	MARIA COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	87	FIRST CLASS	
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2019	VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	78	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	30-8-2022	30-03-2023	0	7	1
Total				0	7	1

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 :

