





13. Faculty

Name of the College	1131 - VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MS. NITHYAJENEV J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.6/377, BHARATHI STREET, THIRUNAGAR
Line 2	ANAKAPUTHUR, 600070
District	CHENNAI
Telephone number	-
Mobile number	+91 - 8428717430
Email	NITHYAJENEV@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BFHPN4885D
Passport Number	
Aadhar Number	321242598629
Faculty code given by C.O.E.	1131536
Faculty code given by A.I.C.T.E.	9314641339
Date of Birth	09-09-1992
Age	30

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.	POWER SYSTEMS ENGINEERING	2019	SRI MUTHUKUMARAN INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	86.25	DISTINCT ION	
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2014	D M I COLLEGE OF ENGINEERING	ANNA UNIVERSITY	72.22	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	19-08-2020	11-03-2023	2	6	26
Total				2	6	29

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 :