






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. RAJALAKSHMI K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	127B SATHYSA SAI STREET
Line 2	POONGA NAGAR, THIRUVALLUR, CHENNAI
District	TIRUVALLUR
Telephone number	-
Mobile number	+91 - 9566578566
Email	RAJIEEE93@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DGCPR4895F
Passport Number	
Aadhar Number	406775698300
Faculty code given by C.O.E.	1131539
Faculty code given by A.I.C.T.E.	7968364801
Date of Birth	03-08-1993
Age	29

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.	EMBEDDED SYSTEM TECHNOLOGIES	2017	VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.36	FIRST CLASS	
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2014	INDIRA INSTITUTE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.26	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
SRI VENKATESWARA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	18-12-2017	28-07-2019	1	7	16
VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	05-08-2019	11-03-2023	3	8	6
Total				5	4	23

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)			
It is certified that all the information provided are true to the best of my knowledge.							
<div style="text-align: center;">  </div>							
Signature of the Faculty :							