





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. VIDHYALAKSHMI K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	50, KAMARAJ STREET, SANJEEVIRAYAN PETTAI
Line 2	TONDIVANAM
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 9442478186
Email	KVIDHYALAKSHMI@VELTECHMULTITECH.ORG
Gender	FEMALE
Community	OTHERS - FC
PAN Number	AKBPV1476G
Passport Number	
Aadhar Number	214779417314
Faculty code given by C.O.E.	1131422
Faculty code given by A.I.C.T.E.	3537843701
Date of Birth	22-07-1982
Age	40
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	2009	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	72	FIRST CLASS	
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2007	THIRUVALLUVAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	72	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	29-07-2017	30-03-2023	5	8	2
GANADIPATHY TULSI'S JAIN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	27-07-2009	30-06-2015	5	11	4
Total				11	7	6

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) 6	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, consisting of a stylized 'L' shape with a horizontal line extending to the right.

Signature of the Faculty :