



<b>Name of the College</b>	1131 - VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-BIOMEDICAL ENGINEERING
<b>Name of the faculty member</b>	MS. MAHALAKSHMI N
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	162, VELAYUTHA NAGAR
Line 2	JAYAMKONDAM 621802
<b>District</b>	ARIYALUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8807832910
<b>Email</b>	MAHANATARAJAN0502@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	CGOPM5971J
<b>Passport Number</b>	
<b>Aadhar Number</b>	532398974749
<b>Faculty code given by C.O.E.</b>	1131618
<b>Faculty code given by A.I.C.T.E.</b>	11123532801
<b>Date of Birth</b>	05-02-1996
<b>Age</b>	27
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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
U.G.	B.E.	BIOMEDICAL ENGINEERING	2017	DHANALAKSHMI SRINIVASAN INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	7.5	FIRST CLASS	
P.G.	M.E.	BIOMEDICAL ENGINEERING	2020	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	7.35	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	21-02-2022	25-01-2023	0	11	5
<b>Total</b>				0	11	10

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

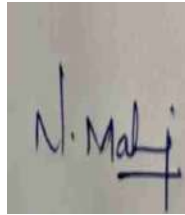
**VI. C.O.E. Appointment Experience :**

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 :**

A rectangular box containing a handwritten signature in blue ink. The signature reads "N. Malgi" with a horizontal line underneath the name.