



Name of the College	1131 - VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	BIO-MEDICAL
Name of the Degree & Course	B.E.-BIOMEDICAL ENGINEERING
Name of the faculty member	MRS. NITHYAKALYANI K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	34F/5B VANATHARAYAN PALAYA STREET
Line 2	THIRUVANNAMALAI-606602
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9566569664
Email	NITHYAKALYANI@VELTECHMULTITECH.ORG
Gender	FEMALE
Community	MBC
PAN Number	ARCPN9693F
Passport Number	
Aadhar Number	362637087672
Faculty code given by C.O.E.	1131218
Faculty code given by A.I.C.T.E.	2183066525
Date of Birth	05-10-1989
Age	33
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
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2011	GANADIPAT HY TULSI'S JAIN ENGINEERING COLLEGE	ANNA UNIVERSITY	76	FIRST CLASS	
P.G.	M.E.	MEDICAL ELECTRONICS	2013	RAJALAKSHMI ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.1	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	05-09-2013	11-06-2022	8	9	7
Total				8	9	11

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 Examination 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 handwritten signature in black ink, appearing to be 'K. N. S.', is positioned to the right of the text 'Signature of the Faculty :'. The signature is written in a cursive style with a large initial 'K' and a long horizontal stroke.