




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	MS. VANITHA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	E2 -225,MAHINDRA HAPPINEST,PARUTHIPATTU
Line 2	AVADI,600071
District	TIRUVALLUR
Telephone number	-
Mobile number	+91 - 9486159499
Email	VANITHA@VELTECHMULTITECH.ORG
Gender	FEMALE
Community	MBC
PAN Number	ATNPV6176C
Passport Number	
Aadhar Number	935882192525
Faculty code given by C.O.E.	1131666
Faculty code given by A.I.C.T.E.	3669055417
Date of Birth	21-06-1990
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.	BIOMEDICAL ENGINEERING	2012	VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.65	FIRST CLASS	
P.G.	M.TECH.	NANO SCIENCE AND TECHNOLOGY	2014	ANNA UNIVERSITY REGIONAL CAMPUS, TIRUCHIRAPPALLI	ANNA UNIVERSITY	7.65	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	20-01-2023	25-01-2023	0	0	6
OTHERS - ST PETERS INSTITUTE OF HIGHER EDUCATION AND RESEARCH	ASSISTANT PROFESSOR	05-02-2016	31-01-2022	5	11	25
Total				6	0	1

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.



Signature of the Faculty :