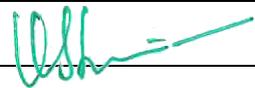


Name of the College	3118 - MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. ANGAYARKANNI N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1495 BHUVANESHWARI NAGAR
Line 2	KUMBAKONAM
District	THANJAVUR
Telephone number	-
Mobile number	+91 - 9788983191
Email	MANGAIPRIST@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AQSPA6274C
Passport Number	
Aadhar Number	912052933748
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143698854388
Date of Birth	01-01-1984
Age	40
I. Particulars of Educational Qualification : (only completed)	



PRINCIPAL
MOHAMED SATHAK A.J.COLLEGE OF ENGINEERING
34, Rajiv Gandhi Road (OMR), Siruseri, IT Park
Chennai-603 103.

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.SC.	OTHERS - COMPUTER SCIENCE	2004	OTHERS - BHARATH IDASAN UNIVERSITY TIRCHY	BHARATH IDASAN UNIVERSITY	78	FIRST CLASS	
P.G.	M.SC.	OTHERS - COMPUTER SCIENCE	2006	OTHERS - TUK ARTS COLLEGE THANJAVUR	BHARATH IDASAN UNIVERSITY	76	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2011	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	8.2	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

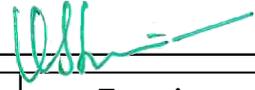
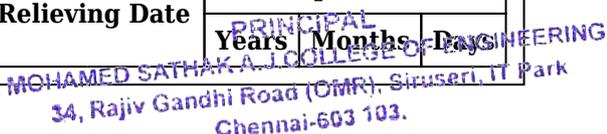
II. Title of Ph.D. Thesis

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
MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	01-06-2023	03-06-2024	1	0	3
Total				1	0	3

V. Industrial Experience :

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

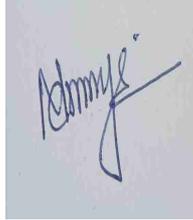
VI. C.O.E. Appointment Experience :

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 :



PRINCIPAL
MOHAMED SATHAK A.J.COLLEGE OF ENGINEERING
34, Rajiv Gandhi Road (OMR), Siruseri, IT Park
Chennai-603 103.