

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	M.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. JOTHILAKSHMI T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	117/118 PANDI ROAD, MARAKKANAM
Line 2	VILLUPURAM - 604303
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 9597024112
Email	JOTHILAKSHMI.CSE12@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BMGPT4647B
Passport Number	
Aadhar Number	926672556392
Faculty code given by C.O.E.	3118405
Faculty code given by A.I.C.T.E.	143698854473
Date of Birth	12-09-1992
Age	32
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.E.	COMPUTER SCIENCE AND ENGINEERING	2014	KONGUNADU COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	7.76	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2023	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	8.58	DISTINCTION	

* 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	26-10-2023	03-06-2024	0	7	9
Total				0	7	12

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


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T. Jothi Lakshmi

Signature of the Faculty :



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