

<b>Name of the College</b>	3118 - MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING (CYBER SECURITY)
<b>Name of the faculty member</b>	MR. DIVYA B
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	79, THIRUVEKKALAM, ANNA MALAI NAGAR
Line 2	CHIDAMBARAM - 608002
<b>District</b>	CUDDALORE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9884969216
<b>Email</b>	DIVYABALASUNDER22@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	AGCPD4260B
<b>Passport Number</b>	
<b>Aadhar Number</b>	838732179564
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	143846528525
<b>Date of Birth</b>	09-01-1992
<b>Age</b>	32
<b>I. Particulars of Educational Qualification : (only completed)</b>	

  
 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.TECH.	INFORMATION TECHNOLOGY	2013	ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	78	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	81	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	11-12-2023	03-06-2024	0	5	24
<b>Total</b>				0	5	26

**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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**Signature of the Faculty :**



A handwritten signature in green ink, appearing to be 'Wsh'.

PRINCIPAL  
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Chennai-603 103.