

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 (CYBER SECURITY)
Name of the faculty member	MRS. VIDHYA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	17/61 VENKATESH NAGAR
Line 2	2ND STREET MEDAVAKKAM - 600100
District	KANCHEEPURAM
Telephone number	-
Mobile number	+91 - 9781080542
Email	VIDHYARAJ824@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BAVPR7757K
Passport Number	
Aadhar Number	714649720580
Faculty code given by C.O.E.	0
Faculty code given by A.I.C.T.E.	143846528820
Date of Birth	01-12-1987
Age	37
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.TECH.	OTHERS - COMPUTER SCIENCE	2009	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA UNIVERSITY	73	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE	2011	OTHERS - SRM UNIVERSITY	OTHERS - SRM 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	11-12-2023	03-06-2024	0	5	24
Total				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 :



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