

Name of the College	3118 - MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. AISHWARYA M S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	A5,GYAN ANGAN,48/56,EAST MADA STREET,THIRUVANMIYUR
Line 2	CHENNAI-41
District	CHENNAI
Telephone number	-
Mobile number	+91 - 9600139605
Email	MSAJAISWARYA.SMADHAVAN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DWPPS5568R
Passport Number	
Aadhar Number	446042602124
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143384485945
Date of Birth	01-06-1981
Age	43
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.	INFORMATION TECHNOLOGY	2005	OTHERS - MG UNIVERSITY KERALA	OTHERS - MG UNIVERSITY KERALA	65	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2011	OTHERS - ANNA UNIVERSITY TIRUNELVELI	OTHERS - ANNA UNIVERSITY TIRUNELVELI	CGPA.8.53	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
OTHERS - SHAHUL HAMEED MEMORIAL ENGINEERING COLLEGE KERALA	ASSISTANT PROFESSOR	07-09-2007	30-05-2015	7	8	23
MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	02-01-2023	03-06-2024	1	5	2
Total				9	1	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 :

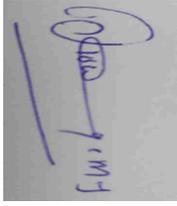
Capacity at which service is extended for the conduct of Exmination during the last year

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 blue ink, appearing to be 'F. M. S.', written vertically on a light-colored background.A handwritten signature in green ink, appearing to be 'M. S.', written horizontally on a light-colored background.

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