

<b>Name of the College</b>	3118 - MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)
<b>Name of the Department</b>	INFORMATION TECHNOLOGY
<b>Name of the Degree &amp; Course</b>	B.TECH.-INFORMATION TECHNOLOGY
<b>Name of the faculty member</b>	MRS. JEBA MALAR M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO.36, RAJAJI NAGAR
Line 2	SELAYUR
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9489188556
<b>Email</b>	JMALAR885@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	AYIPJ2144E
<b>Passport Number</b>	
<b>Aadhar Number</b>	877829199035
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	13667785538
<b>Date of Birth</b>	08-05-1989
<b>Age</b>	35
<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	2010	JAYAMATHA ENGINEERING COLLEGE	ANNA UNIVERSITY	76	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	PERI INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	78	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	29-07-2022	03-06-2024	1	10	6
G K M COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	17-08-2018	30-05-2022	3	9	14
<b>Total</b>				<b>5</b>	<b>7</b>	<b>24</b>

**V. Industrial Experience :**

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

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**VI. C.O.E. Appointment Experience :**

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

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**



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