

Name of the College	3118 - MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. ARCHANA C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	B-3 1305, AKSHAYA TODAY THAIYUR
Line 2	KELAMBAKKAM - 603103
District	CHENGALPATTU
Telephone number	-
Mobile number	+91 - 9384806155
Email	ARCHANACHANDRU5@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CHCPA7536G
Passport Number	
Aadhar Number	434242680870
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	124252570121
Date of Birth	21-01-1994
Age	30
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.	ELECTRIC AL AND ELECTRON ICS ENGINEERING	2015	RAJALAKS HMI ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.8	FIRST CLASS	
P.G.	M.E.	HIGH VOLTAGE ENGINEERING	2017	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	8.8	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) *

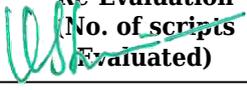
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	01-08-2022	03-06-2024	1	10	3
Total				1	10	8

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 :

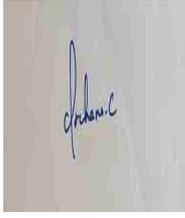
Capacity at which service is extended for the conduct of Exmination during the last year

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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