

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	MRS. KAVITHA N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	VILLA 16/60 BOLLINENI HILL SIDE ROAD
Line 2	PERUMBAKKAM - 600126
District	KANCHEEPURAM
Telephone number	-
Mobile number	+91 - 7993240501
Email	KAIVTHA.N.SENTHIL@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	AGAPN8227A
Passport Number	
Aadhar Number	833408692605
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	17352205551
Date of Birth	01-08-1975
Age	49
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	1997	ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	68	FIRST CLASS	
P.G.	M.B.A.	HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT	1999	OTHERS - SCHOOL OF MANAGEMENT	ANNAMALAI UNIVERSITY	63	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
OTHERS - MALLA REDDY INSTITUTE OF MANAGEMENT	ASSISTANT PROFESSOR	13-11-2014	30-04-2015	0	5	18
MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	02-11-2023	04-06-2024	0	7	3
OTHERS - SRI DEVI WOMEN ENGINEERING COLLEGE HYDRABAD	ASSISTANT PROFESSOR	01-07-2019	19-07-2023	4	0	19
Total				5	1	11

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)
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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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