

<b>Name of the College</b>	3118 - MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	B.E.-GENERAL ENGINEERING
<b>Name of the faculty member</b>	MRS. OMANA R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO25 PERUMAL KOIL CROSS STREET
Line 2	PALLIKARANAI - 600100
<b>District</b>	KANCHEEPURAM
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9150662763
<b>Email</b>	OMUOMANA3@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	OC
<b>PAN Number</b>	AEUPO8654A
<b>Passport Number</b>	
<b>Aadhar Number</b>	555346028155
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	07-01-2001
<b>Age</b>	23
<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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2022	OTHERS - VELS UNIVERSITY	OTHERS - VELS UNIVERSITY	80	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2024	PANIMALAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	9.2	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	01-05-2024	03-06-2024	0	1	3
<b>Total</b>				0	1	3

**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 100%

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.



**Signature of the Faculty :**



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