

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	S&H-CHEMISTRY
Name of the faculty member	DR. SUVITHA A
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	5/498, BALAJI NAGAR, ADHAVATHUR EAST SRIRANGAM TALUK
Line 2	TIRCHY - 620102
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 8248432267
Email	SUVITHAA@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	AIBPA1393B
Passport Number	
Aadhar Number	937391689247
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	13728176126
Date of Birth	15-09-1976
Age	48
I. Particulars of Educational Qualification : (only completed)	

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.SC.	OTHERS - CHEMISTRY	1998	OTHERS - GANDHIGRAM RURAL INSTITUTE DINDUGAL	OTHERS - GANDHIGRAM RURAL INSTITUTE DINDUGAL	65	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMICAL SCIENCE	2000	OTHERS - PONDICHERRY UNIVERSITY	OTHERS - PONDICHERRY UNIVERSITY	77	FIRST CLASS	
PH.D.	PH.D.	OTHERS - CHEMISTRY	2007	OTHERS - INDIAN INSTITUTE OF TECHNOLOGY	INDIAN INSTITUTE OF TECHNOLOGY MADRAS	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

SYNTHESIS AND PHYSICO CHEMICAL STUDIES ON HEXA CO ORDINATE SILICATES OF 23 DIHYDROXYNAPHTHALENE

III. Faculty in which Ph.D. was awarded

FACULTY OF SCIENCE AND HUMANITIES

**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 - SASTHRA UNIVERSITY	ASSISTANT PROFESSOR	30-06-2014	04-12-2020	6	5	5
MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	21-07-2023	04-06-2024	0	10	15
RAMCO INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	20-05-2013	31-05-2014	1	0	12
Total				8	4	4

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.

Signature of the Faculty :

