




Name of the College	9523 - PSN ENGINEERING COLLEGE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. MISPA BROWN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	69A TUCKKARAMMAL PURAM
Line 2	627602
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 7502292711
Email	MISPA.SV@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CZHPM0153Q
Passport Number	
Aadhar Number	823737576875
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU10000
Date of Birth	11-04-1987
Age	36
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.E.	CIVIL ENGINEERING	2011	PSN ENGINEERING COLLEGE	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2015	PSN ENGINEERING COLLEGE	ANNA UNIVERSITY	84	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
PSN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	07-06-2011	09-09-2012	1	3	3
PSN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-10-2020	09-02-2023	2	4	5
PSN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2015	08-11-2015	0	4	8
Total				3	11	21

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 :

