Name of the College	9523 - PSN ENGINEERING COLLEGE		
Name of the Department	INFORMATION TECHNOLOGY		
Name of the Degree & Course	B.TECHINFORMATION TECHNOLOGY		
Name of the faculty member	MS. MUTHULAKSHMI M		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	8/127 GANDHI COLONY STREET		
Line 2	VISWANATHAPERI-627757		
District TENKASI			
Telephone number	-		
Mobile number	+91 - 8220094892		
Email	MUTHU2291996@GMAIL.COM		
Gender	FEMALE		
Community	SC		
PAN Number	EYWPM7758D		
Passport Number			
Aadhar Number	965616643342		
Faculty code given by C.O.E.	9523291		
Faculty code given by A.I.C.T.E.	AU1		
Date of Birth	22-09-1996		
Age 26			
I. Particulars of Educational Qualification : (only completed)			

(Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
ĭ	J.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2018	PSN ENGINEE RING COLLEGE	ANNA UNIVERSI TY	6.27	SECOND CLASS	And Hilterapy Comments of the
P	.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2020	THIAGAR AJAR COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	7.96	FIRST CLASS	The University of the Control of the

^{*} 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) *

	Nome of the College	Danismatian	Joining Date	Relieving Date / Current Date	Experience		
	Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
- 1	PSN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-05-2022	07-06-2022	0	0	29
	Total					0	29

V. Industrial Experience:

Name of the	Designation	Designation Nature of Work	Joining Date	Relieving Date	Experience		
Organisation	Designation					Months	Days

VI. C.O.E. Appointment Experience :

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

AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

It is certified that all the information provided are true to the best of my knowledge.