
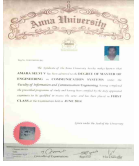


Name of the College	9523 - PSN ENGINEERING COLLEGE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. AMARA SELVI V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	224C POONTHOTA STREET
Line 2	SANKAR NAGAR POST 627357
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 8610245630
Email	VAMARASELVI@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	BWUPV5956K
Passport Number	
Aadhar Number	315246972839
Faculty code given by C.O.E.	9523246
Faculty code given by A.I.C.T.E.	17439031408
Date of Birth	29-06-1990
Age	33
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2012	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.2	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2014	ANNA UNIVERSITY REGIONAL CAMPUS, MADURAI	ANNA UNIVERSITY	7.7	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	20-01-2020	05-03-2023	3	1	17
Total				3	1	17

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.

A handwritten signature in blue ink that reads "V. Amaraselvi". The signature is written in a cursive style and is positioned in the upper right area of the signature box.

Signature of the Faculty :