




Name of the College	9523 - PSN ENGINEERING COLLEGE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MS. DANY M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2B,CHURCH STREET,MARAVANKUDIERUPPU,
Line 2	NAGERCOIL-629002
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 8056758746
Email	DANYDANU4@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CGJPD6089D
Passport Number	
Aadhar Number	705596679013
Faculty code given by C.O.E.	9523143
Faculty code given by A.I.C.T.E.	0
Date of Birth	05-06-1992
Age	30
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.	AERONAUTICAL ENGINEERING	2013	INFANT JESUS COLLEGE OF ENGINEERING	ANNA UNIVERSITY	Y	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2016	UDAYA SCHOOL OF ENGINEERING	ANNA UNIVERSITY	Y	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	27-06-2016	07-06-2022	5	11	11
Total				5	11	16

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 :