



Name of the College	9523 - PSN ENGINEERING COLLEGE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL AND AUTOMATION ENGINEERING
Name of the faculty member	MS. PARVATHI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/70 EAST STREET ,ERACHI ETTAYAPURAM
Line 2	628720
District	THOOTHUKUDI
Telephone number	0 - 0
Mobile number	+91 - 9514916818
Email	JOYPARU95@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	CDWPP1274J
Passport Number	
Aadhar Number	551718872080
Faculty code given by C.O.E.	9523194
Faculty code given by A.I.C.T.E.	0
Date of Birth	14-05-1995
Age	28
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.	MECHANICAL ENGINEERING	2016	GRACE COLLEGE OF ENGINEERING	ANNA UNIVERSITY	6.98	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2018	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	7.05	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	13-06-2018	10-02-2023	4	7	28
Total				4	7	1

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 Examination 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.

A handwritten signature in blue ink, appearing to be 'S. P.' with a stylized flourish.

Signature of the Faculty :