




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	MRS. SUBHA SHREE M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	21/ B2 KURICHI MAIN ROAD
Line 2	627001
District	TIRUNELVELI
Telephone number	0462 - 0
Mobile number	+91 - 9894934802
Email	MSUBHASHREE1617@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BWEPS8999D
Passport Number	
Aadhar Number	673723865975
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	16-10-1986
Age	37
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.TECH.	POLYMER TECHNOLOGY	2008	KAMARAJ COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	84	DISTINCTION	
P.G.	M.E.	INDUSTRIAL ENGINEERING	2014	BHARATH NIKETAN ENGINEERING COLLEGE	ANNA UNIVERSITY	8.5	DISTINCTION	

* 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	27-01-2020	10-02-2023	3	0	15
Total				3	0	15

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.

A handwritten signature in black ink, appearing to read "N. Subha Shree", is centered within a rectangular box. The signature is written in a cursive style with a horizontal line at the end.

Signature of the Faculty :