Name of the College	1101 - AALIM MUHAMMED SALEGH COLLEGE OF ENGINEERING					
Name of the Department	SCIENCE AND HUMANITIES					
Name of the Degree & Course	B.EGENERAL ENGINEERING					
Name of the faculty member	MS. SIVARANJANI S					
Regular Or Adjunct	Regular					
Image						
Present Designation	ASSISTANT PROFESSOR					
Residential Address Line 1	215, KALAIGNAR STREET, KURUVIMALAI VILLAGE					
Line 2	KANCHEEPURAM					
District	KANCHEEPURAM					
Telephone number	-					
Mobile number	+91 - 6379038650					
Email	SIVARANJANI1521@GMAIL.COM					
Gender	FEMALE					
Community	MBC					
PAN Number	JYBPS3002Q					
Passport Number						
Aadhar Number	747119029297					
Faculty code given by C.O.E.	1101363					
Faculty code given by A.I.C.T.E.	143871321995					
Date of Birth	15-02-2000					
Age	24					
I. Particulars of Educational Qualification : (only completed)	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
U.G.	B.A.	OTHERS - TAMIL	2020	OTHERS - SSKV COLLEGE OF ARTS AND SCIENCE	UNIVERSI TY OF MADRAS	73	FIRST CLASS	The second secon
P.G.	OTHERS - M.A	OTHERS - TAMIL	2022	OTHERS - UNIVERSI TY OF MADRAS	UNIVERSI TY OF MADRAS	7.349	FIRST CLASS	

^{*} Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NET

Score : 148 File : █

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience:

(Start from the Current working Experience) $\mbox{*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
AALIM MUHAMMED SALEGH COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	14-08-2023	15-02-2024	0	6	2
			Total	0	6	5

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience :

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

<u> </u>				
AUR (No. of	Squad Member	External Examiner (Practical)	Central Evaluation (No. of scripts	Re-Evaluation (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.

