






**Anna University, Chennai**  
**Jayaram College of Engineering and Technology - 8114**

**13. Faculty**

<b>Name of the College</b>	8114 - JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY
<b>Name of the Department</b>	MASTER OF COMPUTER APPLICATIONS
<b>Name of the Degree &amp; Course</b>	M.C.A. - MASTER OF COMPUTER APPLICATIONS
<b>Name of the faculty member</b>	MRS. SANGEETHA K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	1093, CHITHRAPATTI ROAD, THURAIYUR
Line 2	THURAIYUR, 621010
<b>District</b>	THIRUCHIRAPPALLI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9751345891
<b>Email</b>	SANGEETHA.K@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	EAPPS5569P
<b>Passport Number</b>	
<b>Aadhar Number</b>	452146460572
<b>Faculty code given by C.O.E.</b>	8114291
<b>Faculty code given by A.I.C.T.E.</b>	756633022
<b>Date of Birth</b>	05-04-1984
<b>Age</b>	33
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2007	OTHERS - NEHRU MEMORIAL COLLEGE	BHARATH IDASAN UNIVERSITY	70.4	FIRST CLASS	
U.G.	B.C.A.	COMPUTER APPLICATIONS	2004	OTHERS - DHANALAKSHMI SRINIVASAN COLLEGE OF ARTS AND SCIENCE FOR WOMEN	BHARATH IDASAN UNIVERSITY	63.5	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
JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	17-01-2011	30-12-2017	6	11	14
<b>Total</b>				<b>6</b>	<b>11</b>	<b>18</b>

**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**

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**