




Name of the College	9523 - PSN ENGINEERING COLLEGE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.TECH.-AGRICULTURAL ENGINEERING
Name of the faculty member	MRS. THENMOZHI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	496 GANDHI NAGAR, MALAIYADIPATTI,
Line 2	RAJAPALAYAM 626 117
District	VIRUDHUNAGAR
Telephone number	-
Mobile number	+91 - 9843979756
Email	CIVILLYDIATHENMOZHI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AIXPT5585C
Passport Number	
Aadhar Number	230312075959
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	26-04-1989
Age	34
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.	CIVIL ENGINEERING	2010	SRI VENKATESWARAA COLLEGE OF TECHNOLOGY	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2015	RATHINAM TECHNICAL CAMPUS (AUTONOMOUS)	ANNA UNIVERSITY	7.4	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
NADAR SARASWATHI COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	26-03-2015	20-03-2021	5	11	26
PSN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	25-03-2021	04-03-2023	1	11	11
Total				7	11	13

V. Industrial Experience :

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

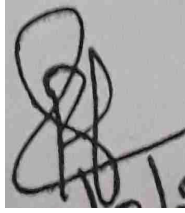
VI. C.O.E. Appointment Experience :

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)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

A handwritten signature in black ink, appearing to be a stylized name or set of initials, enclosed within a rectangular box.