



Name of the College	9523 - PSN ENGINEERING COLLEGE
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	M.E.-COMPUTER SCIENCE AND ENGINEERING(WITH SPECIALIZATION IN NETWORKS)
Name of the faculty member	MS. ANITHA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	7/436A SEETHAKATHI STREET,SAMMANTHAPURAM
Line 2	RAJAPALAYAM-627110
District	VIRUDHUNAGAR
Telephone number	-
Mobile number	+91 - 9944714122
Email	ANITHARANISESI@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BEDPA5921C
Passport Number	
Aadhar Number	623037990724
Faculty code given by C.O.E.	9523022
Faculty code given by A.I.C.T.E.	11441533482
Date of Birth	14-06-1989
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.	COMPUTER SCIENCE AND ENGINEERING	2010	SOLAMALAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	76	FIRST CLASS	
P.G.	M.TECH.	OTHERS - NETWORKING	2012	OTHERS - KALASALINGAM UNIVERSITY	OTHERS - KALASALINGAM UNIVERSITY	8.1	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	ASSOCIATE PROFESSOR	04-06-2022	10-03-2023	0	9	7
PSN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2012	03-06-2022	10	0	3
Total				10	9	14

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)
10		5	250	

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

A handwritten signature in blue ink, appearing to read "N. Anita", is centered within a rectangular box.

Signature of the Faculty :