




Name of the College	9523 - PSN ENGINEERING COLLEGE
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. SARANYA T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	17A, KRISHNAN KOVIL STREET KRISHNAPURAM 5TH WARD
Line 2	KADAYANALLUR TK 627751
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9843487628
Email	SARANYAMAGESH95@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	GDKPS3854M
Passport Number	
Aadhar Number	898329637141
Faculty code given by C.O.E.	9523221
Faculty code given by A.I.C.T.E.	
Date of Birth	27-01-1995
Age	28
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	2016	P S R ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	80	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2018	S VEERASAMY CHETTIAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	87	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	ASSISTANT PROFESSOR	03-06-2019	16-02-2023	3	8	14
Total				3	8	18

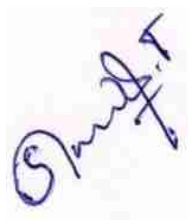
V. Industrial Experience :

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.

A handwritten signature in blue ink, appearing to be 'G. M. S.', is written over a light pink rectangular background.

Signature of the Faculty :