

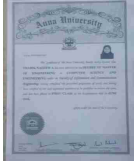


Name of the College	9523 - PSN ENGINEERING COLLEGE
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. THARIK NAZEEM A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	17,RAHMATHNAGER,PETTAI
Line 2	627004
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9789441675
Email	THARIKNAIMS@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ANOPT1009P
Passport Number	
Aadhar Number	227799447713
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	01-04-1992
Age	31
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.	OTHERS - BTECH	OTHERS - INFORMATION AND COMMUNICATION TECHNOLOGIES	2013	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARAN UNIVERSITY	8.75	DISTINCT ION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2016	SCAD COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.45	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	14-06-2019	10-02-2023	3	7	27
Total				3	7	0

V. Industrial Experience :

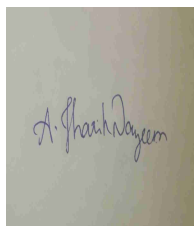
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :

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

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, reading "A. Ghani Nizam", is centered within a rectangular box.

Signature of the Faculty :