

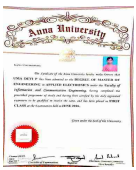


Name of the College	9523 - PSN ENGINEERING COLLEGE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MS. UMA DEVI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6/1164 MIDDLE STREET, VELLUR
Line 2	VIRUDHUNAGAR - 626005
District	VIRUDHUNAGAR
Telephone number	-
Mobile number	+91 - 8220375506
Email	UMAPALRAJ26@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	AFAPU7379H
Passport Number	
Aadhar Number	587321170233
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9523232
Date of Birth	07-01-1993
Age	30
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2014	NELLAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.8	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2016	NELLAI COLLEGE OF ENGINEERING	ANNA 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	ASSISTANT PROFESSOR	31-05-2019	05-03-2023	3	9	6
Total				3	9	10

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)
		1		

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 "P. Umade", is centered within a rectangular box. The signature is written in a cursive style with a long horizontal flourish at the bottom.

Signature of the Faculty :