



Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. SUBBULAKSHMI N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	168C, AEI STAFF QUARTERS
Line 2	TIRUCHENDUR-628215
District	THOOTHUKUDI
Telephone number	0462 - 2542095
Mobile number	+91 - 9486080269
Email	SUBBULAKSHMI3000@YAHOO.CO.IN
Gender	FEMALE
Community	BC
PAN Number	CCNPS2184Q
Passport Number	
Aadhar Number	892748015999
Faculty code given by C.O.E.	9505028
Faculty code given by A.I.C.T.E.	501810279
Date of Birth	15-09-1979
Age	44
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	2003	JAYAMATHA ENGINEERING COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	70.55	FIRST CLASS	
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2005	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARNAR UNIVERSITY	81.38	DISTINCTION	

* 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
PET ENGINEERING COLLEGE	OTHERS - LECTURER	21-06-2005	03-07-2007	2	0	13
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	12-10-2020	31-07-2021	0	9	20
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	07-06-2022	16-03-2023	0	9	10
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	OTHERS - LECTURER	04-07-2007	31-05-2012	4	10	28
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2012	30-06-2020	8	0	30
Total				16	7	15

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 :