
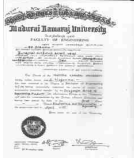



Name of the College	9125 - SRI RAAJARAAN COLLEGE OF ENGINEERING AND TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. NAGAMMAI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/165, EAST SECOND STREET
Line 2	ANNAVAYAL 630314
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 9884955071
Email	NAGAMMAISV@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ACKBN1554E
Passport Number	
Aadhar Number	687996672157
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	08-03-1978
Age	45
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	1999	THIAGARAJAR COLLEGE OF ENGINEERING (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	74	FIRST CLASS	
P.G.	M.E.	WIRELESS TECHNOLOGIES	2015	THIAGARAJAR COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	9.5	DISTINCT ION	

* 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
SRI RAAJARAAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	27-03-2023	16-05-2023	0	1	21
Total				0	1	21

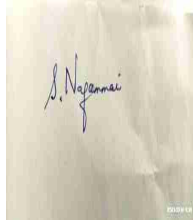
V. Industrial Experience :

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 :