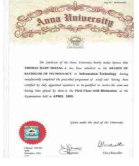



Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. THOMAS MARY SHEEBA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	17C FATHIMA STREET, NEAR WATER TANK
Line 2	ADAIKALAPURAM
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9487520530
Email	SHEEBA_IT2005@YAHOO.COM
Gender	FEMALE
Community	BC
PAN Number	ARMPT1977E
Passport Number	
Aadhar Number	336362122191
Faculty code given by C.O.E.	9505023
Faculty code given by A.I.C.T.E.	1423547160
Date of Birth	25-06-1984
Age	40
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.TECH.	INFORMATION TECHNOLOGY	2005	OTHERS - NOORUL ISLAM COLLEGE OF ENGINEERING	ANNA UNIVERSITY	76	DISTINCTION	
P.G.	M.TECH.	OTHERS - COMPUTER AND INFORMATION TECHNOLOGY	2011	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARAR UNIVERSITY	77	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
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	07-06-2022	22-02-2024	1	8	16
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2012	25-01-2022	9	7	25
Total				11	4	13

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 :**