Name of the College	9503 - GRACE COLLEGE OF ENGINEERING					
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING					
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING					
Name of the faculty member	MRS. ANTONY SHANTHI N					
Regular Or Adjunct	Regular					
Image						
Present Designation	ASSISTANT PROFESSOR					
Residential Address Line 1	56, JOTHIPURI STREET, ADAIKALAPURAM					
Line 2	TUTICORIN, 628217					
District	THOOTHUKUDI					
Telephone number	-					
Mobile number	+91 - 9486614758					
Email	ANTONYSHANTHI@GMAIL.COM					
Gender	FEMALE					
Community	ВС					
PAN Number	FPAPS2849M					
Passport Number						
Aadhar Number	725920920765					
Faculty code given by C.O.E.						
Faculty code given by A.I.C.T.E.	144249862146					
Date of Birth	08-08-1985					
Age	39					
I. Particulars of Educational Qualification : (or	I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2007	DR G U POPE COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	70	FIRST CLASS	Therefore the second se
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2011	OTHERS - MS UNIVERSI TY	MANOMA NIAM SUNDARN AR UNIVERSI TY	66	FIRST CLASS	The second secon

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

# I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score : File :

II. T	itle	of	Ph.	.D.	Thes	is
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#### 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	Experience		
Name of the Conege	e College Designation Joining 1		Working Institutions	Years	Months	Days
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-08-2011	29-12-2018	7	4	29
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-02-2024	21-02-2024	0	0	21
	Total	7	5	22		

# $\ \ \, \textbf{V. Industrial Experience:} \\$

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

### VI. C.O.E. Appointment Experience :

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

AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty:**