




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	MS. ABARNA DEVI K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/242-9, JS NAGAR, 4TH STREET, NEAR SOUTH CORPORATION OFFICE
Line 2	MUTHIAHPURAM, 628005
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 7598871066
Email	ABARNA153@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BWAPA9192E
Passport Number	
Aadhar Number	212431873272
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	144249862354
Date of Birth	15-03-1996
Age	28
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	2017	JAYARAJ ANNAPAC KIAM CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	6.82	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2020	GRACE COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.27	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
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-02-2024	22-02-2024	0	0	22
Total				0	0	22

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.

Handwritten signature of K. Abarna Devi in black ink on a light gray background.

Signature of the Faculty :