




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. SUBASHREE KASI THANGAM P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	57E, SIVAN KOVIL STREET
Line 2	THOOTHUKUDI 628002
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9791253576
Email	SUBASHREE.BE@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	GGSPS3833R
Passport Number	
Aadhar Number	913961273623
Faculty code given by C.O.E.	9509029
Faculty code given by A.I.C.T.E.	11451721695
Date of Birth	11-01-1986
Age	38
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	2008	DR G U POPE COLLEGE OF ENGINEERING	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2012	ANNA UNIVERSITY REGIONAL CAMPUS, TIRUNELVELI	ANNA UNIVERSITY	9.34	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
HOLY CROSS ENGINEERING COLLEGE	ASSISTANT PROFESSOR	28-06-2012	11-12-2023	11	5	14
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	06-03-2024	09-03-2024	0	0	4
Total				11	5	20

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.

A handwritten signature in black ink on a light purple background. The signature appears to be 'P. J. L.' with a stylized flourish at the end.

Signature of the Faculty :