



Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
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. PRAISY L
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6,12TH STREET,AGGAPAIKULAM
Line 2	NAZARETH,628617
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 8903263227
Email	LINUGLADY93@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CSFPP3744P
Passport Number	
Aadhar Number	576148081525
Faculty code given by C.O.E.	9503314
Faculty code given by A.I.C.T.E.	17423325295
Date of Birth	19-06-1995
Age	29
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2016	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.35	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2018	KUMARAGURU COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	9.16	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
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-06-2019	22-02-2024	4	7	26
Total				4	7	29

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 :