Name of the College	9503 - GRACE COLLEGE OF ENGINEERING				
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING				
Name of the Degree & Course	B.EELECTRICAL 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	1)				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2016	DR SIVANTHI ADITANA R COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	8.35	FIRST CLASS	Case Veterage
P.G.	M.E.	POWER ELECTRO NICS AND DRIVES	2018	KUMARAG URU COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	9.16	DISTINCT ION	Annual Military III. Annual Military III.

^{*} 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) $\mbox{*}$

Name of the Callege	Danismatian	Initializa Data	Relieving Date / Current Date	Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-06-2019	22-02-2024	4	7	26
Total					7	29

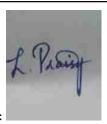
V. Industrial Experience :

Name of the	Decignation	Signation Nature of Joining Date Relieving D	Relieving Date	Experience			
Organisation	Designation	Work	Joining Date		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	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)
uays)	(No. of days)	(No. of days)	Evaluateu)	Evaluateu)

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



Signature of the Faculty: