





<b>Name of the College</b>	9503 - GRACE COLLEGE OF ENGINEERING
<b>Name of the Department</b>	ENGLISH
<b>Name of the Degree &amp; Course</b>	S&H-ENGLISH
<b>Name of the faculty member</b>	MRS. RAJESWARI M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	29, BOLDEN PURAM, 1ST STREET
Line 2	TUTICORIN,628003
<b>District</b>	THOOTHUKUDI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9629793471
<b>Email</b>	PRADEEPJOSY1@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	CXJPR3287A
<b>Passport Number</b>	
<b>Aadhar Number</b>	299918278822
<b>Faculty code given by C.O.E.</b>	9503347
<b>Faculty code given by A.I.C.T.E.</b>	19312666651
<b>Date of Birth</b>	17-05-1994
<b>Age</b>	30
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.A.	ENGLISH	2014	OTHERS - V O C COLLWG W THOOTHU KUDI	MANOMANIAM SUNDARNAR UNIVERSITY	78	FIRST CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2016	OTHERS - STMARYS COLLEGE THOOTHU KUDI	MANOMANIAM SUNDARNAR UNIVERSITY	71	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - ENGLISH	2017	OTHERS - ST MARYS COLLEGE THOOTHU KUDI	MANOMANIAM SUNDARNAR UNIVERSITY	76	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	21-01-2019	04-04-2023	4	2	15
<b>Total</b>				<b>4</b>	<b>2</b>	<b>16</b>

**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**

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

