




Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MRS. REGA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	125, MARGOSCHIS ROAD, BEHIND SAM MEDICAL
Line 2	NAZARETH, 628617
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9444833351
Email	REGADARWIN@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ARUPR0601D
Passport Number	
Aadhar Number	268037870333
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	07-05-1986
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2007	C S I INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2009	PET ENGINEERING COLLEGE	ANNA UNIVERSITY	75	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
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	OTHERS - LECTURER	15-12-2008	31-05-2012	3	5	17
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-10-2020	31-07-2021	0	9	22
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-05-2024	07-06-2024	0	1	6
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2012	18-12-2015	3	6	18
Total				7	11	8

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 :