

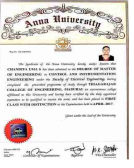


Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MRS. CHANDIYA UMA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	447/5, S. S NAGAR
Line 2	KOVILPATTI, 628501
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 8525079225
Email	UMAKVP4@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	BBKPC7371Q
Passport Number	
Aadhar Number	319004555875
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	144249861890
Date of Birth	04-09-1993
Age	31
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	2015	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	83.5	DISTINCT ION	
P.G.	M.E.	CONTROL AND INSTRUMENTATION ENGINEERING	2017	THIAGARAJAR COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	84.2	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	19-02-2024	24-02-2024	0	0	6
Total				0	0	6

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, appearing to be 'S. Chiv', is centered within a light gray rectangular box.

Signature of the Faculty :