






Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MRS. KODIMALAR P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1, 4TH CROSS STREET, RAJAJI NAGAR, SELAIYUR
Line 2	CHENNAI, 600073
District	CHENNAI
Telephone number	-
Mobile number	+91 - 9884008757
Email	MALARJ66@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CZLPK3432N
Passport Number	
Aadhar Number	754670902973
Faculty code given by C.O.E.	9503367
Faculty code given by A.I.C.T.E.	19382853894
Date of Birth	23-05-1983
Age	41
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.SC.	OTHERS - CHEMISTRY	2004	OTHERS - GOVERNMENT ARTS COLLEGE FOR WOMEN	MANOMANIAM SUNDARNAR UNIVERSITY	55	SECOND CLASS	
U.G.	OTHERS - B.ED	OTHERS - PHYSICAL SCIENCE	2009	OTHERS - NEW BEGIN COLLEGE MYLAPORE	OTHERS - TAMILNADU TEACHERS EDUCATION UNIVERSITY	75	DISTINCTION	
P.G.	M.SC.	OTHERS - CHEMISTRY	2007	OTHERS - ST XAVIERS COLLEGE PALAYAM KOTTAI	MANOMANIAM SUNDARNAR UNIVERSITY	66	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - CHEMISTRY	2008	OTHERS - ETHIRAJ COLLEGE FOR WOMEN	UNIVERSITY OF MADRAS	66	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	19-02-2018	21-02-2024	6	0	3
OTHERS - ARIGNAR ANNA INSTITUTE OF SCIENCE AND TECHNOLOGY	ASSISTANT PROFESSOR	02-08-2010	30-06-2012	1	10	30
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)
-------------------	----------------------------	---	---	--

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



Signature of the Faculty :