



Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. ANIE JOSEPHIN E
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 78 A S1 VGN PLATINA AMBIGAI NAGAR
Line 2	AYYAPAKKAM,AMBATTUR.,CHENNAI - 600077
District	TIRUVALLUR
Telephone number	-
Mobile number	+91 - 8667892355
Email	JOSPHINHEPZIBAH17@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BQIPA2085E
Passport Number	
Aadhar Number	322482589574
Faculty code given by C.O.E.	9503337
Faculty code given by A.I.C.T.E.	19311049190
Date of Birth	26-07-1988
Age	35
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	2009	FRANCIS XAVIER ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2012	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	8.12	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 G U POPE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	16-07-2012	11-06-2014	1	10	27
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	14-08-2020	13-03-2023	2	6	31
PANIMALAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	03-06-2019	30-04-2020	0	10	28
Total				5	4	29

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 :

