
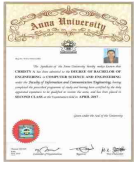



Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MS. CHRISTY A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/143 NORTH STREET, VEPPALODAI
Line 2	TUTICORIN, 628903
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 8428657553
Email	CHRISTYA@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	CTXPC1546H
Passport Number	
Aadhar Number	247254172266
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	13-07-1995
Age	28
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.	COMPUTER SCIENCE AND ENGINEERING	2017	INFANT JESUS COLLEGE OF ENGINEERING	ANNA UNIVERSITY	6.46	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2022	GRACE COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.33	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	11-05-2023	23-05-2023	0	0	13
Total				0	0	13

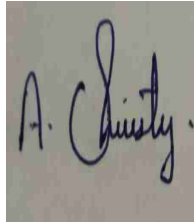
V. Industrial Experience :

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 on a light-colored background. The signature reads "A. Christy" in a cursive style.

Signature of the Faculty :

Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. SASIKALA MAHESWARI E
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/319, SENTHIL VEETHI, VEERAPANDIAPATTINAM
Line 2	TUTICORIN, 628216
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 8300153199
Email	SASIKALAMAHEWARI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	JZGPS8745N
Passport Number	
Aadhar Number	442856748397
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	01-04-1984
Age	39
I. Particulars of Educational Qualification : (only completed)	