





Anna University, Chennai
Idhaya Engineering College for Women - 6211

13. Faculty

Name of the College	6211 - IDHAYA ENGINEERING COLLEGE FOR WOMEN
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. SUMITHA N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	EAST STREET, NAMASHIVAYAPURAM
Line 2	THOTTIYAM POST KALLAKURICHI TK - 606201
District	KALLAKURICHI
Telephone number	-
Mobile number	+91 - 8056482689
Email	SUMITHABTECH91@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	FJJPS2244R
Passport Number	
Aadhar Number	333648931472
Faculty code given by C.O.E.	6211090
Faculty code given by A.I.C.T.E.	2506752931
Date of Birth	09-06-1991
Age	32
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
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	IDHAYA ENGINEERING COLLEGE FOR WOMEN	ANNA UNIVERSITY	8.54	DISTINCTION	
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2012	IDHAYA ENGINEERING COLLEGE FOR WOMEN	ANNA UNIVERSITY	7.81	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
IDHAYA ENGINEERING COLLEGE FOR WOMEN	ASSISTANT PROFESSOR	02-01-2015	05-03-2023	8	2	4
Total				8	2	4

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.

A handwritten signature in black ink, appearing to read "N. Singh", is centered within a rectangular box.

Signature of the Faculty :