






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	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. LALITHA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	SOUTH STREET
Line 2	ULAGANKATHAN POST - 606213
District	KALLAKURICHI
Telephone number	-
Mobile number	+91 - 9443756946
Email	LALITHA.MAYA1985@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DOQPK9516A
Passport Number	
Aadhar Number	730907826717
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	05-04-1985
Age	38
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.	OTHERS - M.PHIL	MATHEMATICS	2013	OTHERS - KAMBAN COLLEGE OF ARTS AND SCIENCE	THIRUVALUVAR UNIVERSITY	73.2	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2010	OTHERS - KOLANJIYA PPAR ARTS AND SCIENCE	THIRUVALUVAR UNIVERSITY	69	FIRST CLASS	
U.G.	B.SC.	OTHERS - MATHEMATICS	2006	OTHERS - KOLANJIYA PPAR ARTS AND SCIENCE	THIRUVALUVAR UNIVERSITY	62	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	14-11-2022	06-03-2023	0	3	23
Total				0	3	24

V. Industrial Experience :

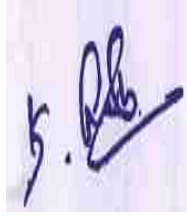
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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 blue ink, appearing to be 'S. R. B.', is written on a light-colored background.

Signature of the Faculty :