
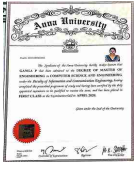





Anna University, Chennai
Idhaya Engineering College for Women - 6211

13. Faculty

Name of the College	6211 - IDHAYA ENGINEERING COLLEGE FOR WOMEN
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. GANGA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/6 NORTH STREET
Line 2	PULIVALAM
District	CUDDALORE
Telephone number	-
Mobile number	+91 - 7094105854
Email	IDHAYA@IECW.EDU.IN
Gender	FEMALE
Community	BC
PAN Number	BZRPG6367D
Passport Number	
Aadhar Number	799806076000
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	03-06-1997
Age	26
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	2020	IDHAYA ENGINEERING COLLEGE FOR WOMEN	ANNA UNIVERSITY	7.1	FIRST CLASS	
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2018	IDHAYA ENGINEERING COLLEGE FOR WOMEN	ANNA UNIVERSITY	6.8	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	01-02-2023	05-03-2023	0	1	5
Total				0	1	5

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 :