





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	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. MENAGA GANDHI K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	ANNADURAI STREET
Line 2	RISHIVANDHIYAM SANKARAPURAM TK
District	KALLAKURICHI
Telephone number	-
Mobile number	+91 - 9585524751
Email	MENAGAGANDHI20@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	DGDPM9466C
Passport Number	
Aadhar Number	278390726523
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	12-06-1991
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.TECH.	OTHERS - POWER SYSTEME	2014	OTHERS - SRM UNIVERSITY	OTHERS - SRM UNIVERSITY	7.9	FIRST CLASS	
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2012	ARUNAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.1	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	06-01-2023	05-03-2023	0	1	31
IDHAYA ENGINEERING COLLEGE FOR WOMEN	ASSISTANT PROFESSOR	02-01-2015	11-12-2017	2	11	10
Total				3	1	10

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, appearing to read 'K. P. Nayak', is centered within a rectangular box.

Signature of the Faculty :