






**Anna University, Chennai**  
**Idhaya Engineering College for Women - 6211**

**13. Faculty**

<b>Name of the College</b>	6211 - IDHAYA ENGINEERING COLLEGE FOR WOMEN
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-MATHEMATICS
<b>Name of the faculty member</b>	MS. PUSHPA M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	15, T.V.K STREET, CHINNASALEM
Line 2	KALLAKURICHI
<b>District</b>	KALLAKURICHI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9025197894
<b>Email</b>	PUSHPAMSC93@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	GVDPP4716C
<b>Passport Number</b>	
<b>Aadhar Number</b>	347205309837
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	11342733945
<b>Date of Birth</b>	08-06-1983
<b>Age</b>	40
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.SC.	OTHERS - MATHS	2016	OTHERS - NATIONAL COLLEGE	BHARATH IDASAN UNIVERSITY	90	DISTINCTION	
U.G.	B.SC.	OTHERS - MATHS	2013	OTHERS - VIVEKANANDHA COLLEGE OF ARTS AND SCIENCE FOR WOMEN	PERIYAR UNIVERSITY	82	DISTINCTION	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MATHS	2020	OTHERS - NATIONAL COLLEGE	BHARATH IDASAN UNIVERSITY	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	01-04-2022	05-03-2023	0	11	5
<b>Total</b>				0	11	9

**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**

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**