




Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	M.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. ESAKKIAMMAL M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5A/251A CALDWELL COLONY, 2ND STREET
Line 2	TUTICORIN, 628008
District	THOOTHUKUDI
Telephone number	0461 - 2375131
Mobile number	+91 - 8610620107
Email	MAHISANKAR31@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	ABYPE3671Q
Passport Number	
Aadhar Number	515578426489
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1456741673
Date of Birth	31-08-1982
Age	42
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
U.G.	B.E.	OTHERS - INFORMATION TECHNOLOGY	2004	NELLAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2009	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	78	DISTINCTION	

* 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
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	17-06-2013	03-01-2018	4	6	17
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-02-2024	20-02-2024	0	0	20
Total				4	7	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)
----------------------------------	---	--	--	---

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :