




Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. ANCY JULIET A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7/767, NESAMANI NAGAR, MULLAKKADU
Line 2	TUTICORIN, 628005
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 7358662191
Email	ANCYJULIET@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BNJPA2604R
Passport Number	
Aadhar Number	413419090668
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143777140219
Date of Birth	19-05-1994
Age	30
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.	COMPUTER SCIENCE AND ENGINEERING	2015	LOYOLA INSTITUTE OF TECHNOLOGY AND SCIENCE	ANNA UNIVERSITY	6.16	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2020	GRACE COLLEGE OF ENGINEERING	ANNA UNIVERSITY	71	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
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	11-05-2023	22-02-2024	0	9	12
Total				0	9	16

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 :

