
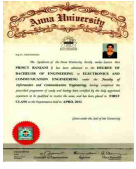
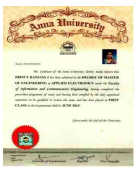


Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. PRINCY RANJANI J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/90, NORTH STREET, MULLAKKADU
Line 2	TUTICORIN, 628005
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9677261072
Email	PRINCYRDS@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BYMPP1911Q
Passport Number	
Aadhar Number	652924140641
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143777140938
Date of Birth	26-11-1991
Age	33
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2012	ALPHA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	6.53	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2015	GRACE COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.57	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	15-05-2023	22-02-2024	0	9	8
Total				0	9	12

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 :