




Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	M.E.-APPLIED ELECTRONICS
Name of the faculty member	MRS. MERCY R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/127.1, SOUTH STREET, KEELAPUTHUKUDI KASPA, AMMNPURAM
Line 2	TUTICORIN, 628201
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 7708805127
Email	MERECY@GRACECOE.ORG
Gender	FEMALE
Community	BC
PAN Number	JBCPM0862G
Passport Number	
Aadhar Number	443562349075
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	144459541582
Date of Birth	01-05-1994
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2016	JAYARAJ ANNAPAC KIAM CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.05	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2023	GRACE COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.87	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	11-03-2024	29-02-2024	0	0	-10
Total				-1	-1	-10

V. Industrial Experience :

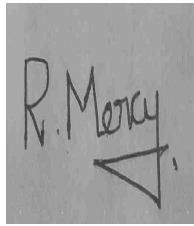
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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.

Signature of the Faculty :

A handwritten signature in black ink on a light grey background. The signature reads "R. Mercy" in a cursive style. Below the name is a simple geometric symbol consisting of a triangle with a horizontal line extending from its base to the right.