



Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	M.E.-POWER SYSTEMS ENGINEERING
Name of the faculty member	MRS. THILAGAVATHY J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	44/1 MARAIKAYAR STREET
Line 2	AUTHOOR 628151
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 8903513840
Email	JESUSSAVESME.HERMAN@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	AMTPT8906H
Passport Number	
Aadhar Number	233087582927
Faculty code given by C.O.E.	9503341
Faculty code given by A.I.C.T.E.	19311049202
Date of Birth	25-05-1988
Age	36
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	2009	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	EMBEDDED SYSTEM TECHNOLOGIES	2011	RAJAS ENGINEERING COLLEGE	ANNA UNIVERSITY	8.4	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	14-08-2020	22-02-2024	3	6	9
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	OTHERS - LECTURER	03-01-2011	31-05-2012	1	4	29
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2012	30-06-2020	8	0	30
Total				13	0	8

V. Industrial Experience :

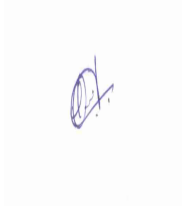
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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 :