





Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MRS. ANITTA JELIN A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	253, MELA STREET
Line 2	KARAMBAI MAVADI, 627201
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9944525436
Email	ANITTAJELIN@GRACECOE.ORG
Gender	FEMALE
Community	BC
PAN Number	BVRPA0380E
Passport Number	
Aadhar Number	460288820653
Faculty code given by C.O.E.	9503393
Faculty code given by A.I.C.T.E.	143777359228
Date of Birth	18-10-1987
Age	37
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.	OTHERS - B.ED	OTHERS - TAMIL	2010	OTHERS - VOC BED	OTHERS - TAMILNADU TEACHERS EDUCATION UNIVERSITY	85	DISTINCTION	
U.G.	B.A.	OTHERS - TAMIL	2007	OTHERS - RANI ANNA GOVT COLLEGE FOR WOMEN	MANOMANIAM SUNDARAR UNIVERSITY	75	FIRST CLASS	
P.G.	OTHERS - M.A	OTHERS - TAMIL	2009	OTHERS - MANOMANIAM SUNDARAR UNIVERSITY	MANOMANIAM SUNDARAR UNIVERSITY	75.83	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	01-11-2022	23-02-2024	1	3	23
Total				1	3	24

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 :