




Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MRS. SYED ALI FATIMA J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7/3, DAMODAR NAGAR
Line 2	TUTICORIN, 628003
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 6360963036
Email	ENTHUSIASTICFATIMA@GMAIL.COM
Gender	FEMALE
Community	OTHERS - BCM
PAN Number	HCOPS7896K
Passport Number	
Aadhar Number	500137565994
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	144459541795
Date of Birth	06-11-1981
Age	43
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.A.	ENGLISH	2004	OTHERS - ST MARYS COLLEGE TUTICORIN	MANOMANIAM SUNDARNAR UNIVERSITY	73	FIRST CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2008	OTHERS - VOC COLLEGE TUTICORIN	MANOMANIAM SUNDARNAR UNIVERSITY	64	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - ENGLISH	2010	OTHERS - SARAH TUCKER COLLEGE TIRUNELVELI	MANOMANIAM SUNDARNAR UNIVERSITY	79.2	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	06-08-2018	09-06-2024	5	10	4
Total				5	10	9

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 :

