





<b>Name of the College</b>	9503 - GRACE COLLEGE OF ENGINEERING
<b>Name of the Department</b>	MATHEMATICS
<b>Name of the Degree &amp; Course</b>	S&H-MATHEMATICS
<b>Name of the faculty member</b>	MRS. AROCKIA SHINEY G
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	5/1127, BARATHI NAGAR 4TH STREET
Line 2	TUTICORIN, 628005
<b>District</b>	THOOTHUKUDI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 7667066096
<b>Email</b>	AROCKIASHINEY@GRACECOE.ORG
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	BNUPA4999L
<b>Passport Number</b>	
<b>Aadhar Number</b>	486478564433
<b>Faculty code given by C.O.E.</b>	9503388
<b>Faculty code given by A.I.C.T.E.</b>	139432205792
<b>Date of Birth</b>	28-09-1992
<b>Age</b>	32
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.SC.	OTHERS - MATHEMATICS	2013	OTHERS - FATIMA COLLEGE MADURAI	MADURAI KAMARAJ UNIVERSITY	85.12	DISTINCTION	
P.G.	M.SC.	OTHERS - MATHEMATICS	2015	OTHERS - THIAGARAJAR COLLEGE	MADURAI KAMARAJ UNIVERSITY	80.59	DISTINCTION	
P.G.	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2017	OTHERS - THIAGARAJAR COLLEGE	MADURAI KAMARAJ UNIVERSITY	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	21-01-2019	23-02-2024	5	1	3
<b>Total</b>				<b>5</b>	<b>1</b>	<b>3</b>

**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 :**