




Anna University, Chennai
Adhi College of Engineering and Technology - 4101

13. Faculty

Name of the College	4101 - ADHI COLLEGE OF ENGINEERING AND TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E. - ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MS. ARCHANA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	519,T.K.S BALAMMAL NAGAR
Line 2	THIMMARAJAMPET,KANCHIPURAM- 631601
District	KANCHEEPURAM
Telephone number	-
Mobile number	
Email	ARCHANA.ECE@ADHI.EDU.IN
Gender	FEMALE
Community	BC
PAN Number	BHEPA8324D
Passport Number	
Aadhar Number	
Faculty code given by C.O.E.	4101143
Faculty code given by A.I.C.T.E.	13546753897
Date of Birth	04-04-1991
Age	27
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
P.G.	M.E.	EMBEDDED SYSTEMS	2014	SAVEETHA ENGINEERING COLLEGE	ANNA UNIVERSITY	8.28	FIRST CLASS	
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2012	PALLAVAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.59	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
ADHI COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	08-08-2017	27-12-2017	0	4	20
Total				0	4	21

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 Examination 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.

A handwritten signature in blue ink, appearing to read "M. Aulane", is positioned in the upper left corner of a rectangular box.

Signature of the Faculty :