Artificial Intelligence and Data Science

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	290099
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. DEVI K
Regular Or Adjunct	Regular
Image	
Present Designation	OTHERS - HOD INCHARGE
Residential Address Line 1	611 EAST STREET KOTTIYAL
Line 2	ARIYALUR 612904
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9500334806
Email	DEVICSE1989@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CLIPD1524R
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-9452278202
Date of Birth	07-06-1989
Age	35
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.	COMPUTER SCIENCE AND ENGINEERING	2011	SRINIVASAN ENGINEERING COLLEGE	ANNA UNIVERSITY	7.1	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	7.5	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
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2014	20-01-2025	10	6	20
TRICHY ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2013	30-05-2014	0	10	30
			Total	11	5	23

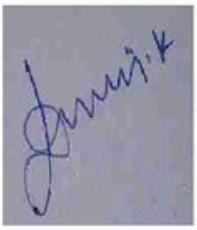
V. Industrial Experience :

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)
	1	25	8000	1000

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty : 

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	312035
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. GOMATHI A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	204,MIDDLE STREET,AMMAKULAM
Line 2	ARIYALUR-621704
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9159630465
Email	GOMATHINITCSE@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	CGPPG0039Q
Passport Number	
Faculty code given by C.O.E.	8158086
Faculty code given by A.I.C.T.E.	1-7416185066
Date of Birth	05-03-1994
Age	31
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.TECH.	INFORMATION TECHNOLOGY	2016	MAHARAJA ENGINEERING COLLEGE	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2018	MAHARAJA ENGINEERING COLLEGE	ANNA UNIVERSITY	78	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
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	17-08-2019	26-01-2025	5	5	10
			Total	5	5	12

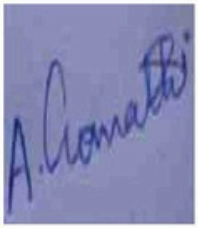
V. Industrial Experience :	

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)

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty : 

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	278513
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. KALAISELVI N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	13 KAMARAJ NAGAR 6TH CROSS
Line 2	ARIYALUR 621713
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 6382981509
Email	KALAISELVI27391@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CKKPK2501E
Passport Number	
Faculty code given by C.O.E.	8158125
Faculty code given by A.I.C.T.E.	1-44718295444
Date of Birth	29-04-1990
Age	34
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.TECH.	INFORMATION TECHNOLOGY	2011	B.S. ABDUR RAHMAN CRESCENT INSTITUTE OF SCIENCE AND TECHNOLOGY	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	MEENAKSHI RAMASWAMY ENGINEERING COLLEGE	ANNA UNIVERSITY	74	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
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-08-2024	20-01-2025	0	5	20
			Total	0	5	22

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)

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	279494
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. NATHIYA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	D62/63,RAJEEV NAGAR,VALAJANAGARAM
Line 2	ARIYALUR-621704
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9843290630
Email	NATHIYAKRISH07@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ATZPN5218K
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-7523428203
Date of Birth	20-06-1995
Age	29
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.	COMPUTER SCIENCE AND ENGINEERING	2017	UNIVERSITY COLLEGE OF ENGINEERING ARIYALUR	ANNA UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2019	DHANALAKSHMI SRINIVASAN ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	82	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
K. RAMAKRISHNAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	21-06-2019	18-11-2021	2	4	28
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	06-08-2024	20-01-2025	0	5	15
			Total	2	10	17

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)

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty : 

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	314698
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MS. DHIVYA N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3-383 NEW COLONY
Line 2	THIRUCHTIRAMBALAM 609204
District	MAYILADUTHURAI
Telephone number	-
Mobile number	+91 - 7845203722
Email	DHIVYANAGA03@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	DPAPN7729P
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44794599364
Date of Birth	03-04-1997
Age	28
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.	COMPUTER SCIENCE AND ENGINEERING	2018	NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	Y	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2020	T.S.M.JAIN COLLEGE OF TECHNOLOGY	ANNA UNIVERSITY	Y	DISTINCTION	

* 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
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	22-01-2025	03-02-2025	0	0	13
			Total	0	0	13

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)

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty : 

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	314752
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. RANJITHA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/96 SOUTH STREET
Line 2	KASANGKOTAI 621701
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 8248655069
Email	SARARANJI24@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	GBVPR5023L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44794599269
Date of Birth	12-06-1993
Age	32
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.	COMPUTER SCIENCE AND ENGINEERING	2014	SRI SAI RANGANATHAN ENGINEERING COLLEGE	ANNA UNIVERSITY	Y	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2017	MEENAKSHI RAMASWAMY ENGINEERING COLLEGE	ANNA UNIVERSITY	Y	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
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	06-01-2025	04-02-2025	0	0	30
			Total	0	0	0

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)

It is certified that all the information provided are true to the best of my knowledge.
Signature of the Faculty :