

**ANNA UNIVERSITY  
CHENNAI – 600 025**



**INDIVIDUAL FACULTY DATA SHEET [Details to be typed]**

**Name of the College** : SRI SAI RAM INSTITUTE OF TECHNOLOGY  
**Name of the Department** : CSE  
**Name of the faculty member** : B.SUGANYA  
**Present Designation** : Assistant Professor. Grade-III  
**Residential Address** : No-18, Solomon Street, Aadhi Nagar,  
 East Tambaram, Chennai-73  
**Contact Nos.** : Landline :- Mobile-9884136150  
 Email : suganyajb1987@yahoo.co.in  
**Gender** : Female  
**Community** : BC  
**PAN Number** : DVYPS7363L **Passport Number** : -  
**Date of Birth and Age** : 01.07.1987 / 28 Years  
**Date of joining the present post** : 20.01.2016  
**Scale of Pay** : 15600-39100+6000  
**Present basic Pay** : Rs.19,600/-  
**Total Salary** : Rs.28,000/-

**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	Class obtained
UG	B.COM	COMMERCE	2007	QUAIDE MILLETH COLLEGE, MEDAVAKKAM	MADRAS UNIVERSITY	57	SECOND
PG	MCA.	COMPUTER APPLICATION	2010	SRI SAIRAM ENGG COLLEGE	ANNA UNIVERSITY	72	FIRST
PG	M.TECH.	CSE	2014	BHARATH UNIVERSITY	BHARATH UNIVERSITY	75	FIRST
Ph.D.	-	-	-	-	-	-	-

\* Enclose copies of certificates and testimonials duly attested by the faculty member and the principal as proof.

**I.a. Additional Qualification** :-  
 i. GATE Score (In case of B.E. / B.Tech.)  
 ii. NET / SLET (In case of M.C.A. / M.Sc. / M.A.)  
**II. Title of Ph.D. Thesis \*** :-  
**III. Faculty in which Ph.D. was awarded** : -

**IV. Academic Experience as on 31<sup>st</sup> December 2015:**

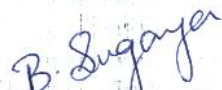
Name of the College	Designation	Joining Date	Relieving Date	Experience		
				Years	Months	Days
BHARATH UNIVERSITY	LECTURER	05.08.2011	30.06.2012	0	11	0
SRI SAI RAM INSTITUTE OF TECH	Asst. Prof.Gr-III	20.01.16	Till date			
<b>TOTAL</b>				<b>0</b>	<b>11</b>	<b>0</b>

**V. Industrial Experience:**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
<b>Total</b>							

**VI. Other Relevant Information :-**

  
**PRINCIPAL**  
 SRI SAI RAM INSTITUTE OF TECHNOLOGY  
 SAI LEO NAGAR, CHENNAI-600 044.  
 (Endorsement by the Principal)

  
**Signature of the Faculty**

(Inspector's use only)

**VII. Remarks of Certificate Verifying Officer / Chairman of Inspection Committee:**

Eligible to hold the post of \_\_\_\_\_

Verifying Officers

**CHAIRMAN**  
Inspection Committee