
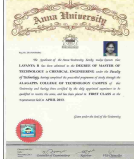





Anna University, Chennai
St Joseph's College of Engineering (Autonomous) - 3123

13. Faculty

Name of the College	3123 - ST JOSEPH'S COLLEGE OF ENGINEERING (AUTONOMOUS)
Name of the Department	CHEMICAL ENGINEERING
Name of the Degree & Course	B.TECH.-CHEMICAL ENGINEERING
Name of the faculty member	MRS. LAVANYA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	VL FLAT-2 ADAMBAKKAM
Line 2	CHENNAI-600088
District	CHENNAI
Telephone number	-
Mobile number	+91 - 9940541113
Email	LAVANYAR@STJOSEPHS.AC.IN
Gender	FEMALE
Community	BC
PAN Number	AQWPL4385M
Passport Number	
Aadhar Number	582363491692
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	10547379181
Date of Birth	16-08-1989
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
P.G.	M.TECH.	CHEMICAL ENGINEERING	2013	A C T COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.42	FIRST CLASS	
U.G.	B.TECH.	CHEMICAL ENGINEERING	2011	ST PETER'S COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	75	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
ST JOSEPH'S COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	01-09-2021	08-02-2024	2	5	8
Total				2	5	9

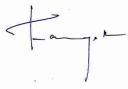
V. Industrial Experience :

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)
		1	250	

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



Signature of the Faculty :