

Anna University, Chennai PET Engineering College - 9632

13. Faculty						
Name of the College	9632 - PET ENGINEERING COLLEGE					
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING					
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING					
Name of the faculty member	MRS. ANNA MEHALA G					
Regular Or Adjunct	Regular					
Image						
Present Designation	ASSISTANT PROFESSOR					
Residential Address Line 1	72,NORTH STREET,PUTHUKUDIERUPPU					
Line 2	627117					
District	TIRUNELVELI					
Telephone number	-					
Mobile number	+91 - 8098858456					
Email	ANNAMEHALA2021@GMAIL.COM					
Gender	FEMALE					
Community	BC					
PAN Number	CAIPA4309N					
Passport Number						
Aadhar Number	922756620893					
Faculty code given by C.O.E.						
Faculty code given by A.I.C.T.E.	AU1					
Date of Birth	23-05-1998					
Age	26					
I. Particulars of Educational Qualification : ((only completed)					

Category	Name of the Degree	Specializa tion	Year of Passing	Name o the College	th	e	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtaine		ificat e		
P.G.	M.E.	COMMUNI CATION SYSTEMS	2023	PET ENGINEE ING COLLEGE			9.01	DISTINC ON				
U.G.	B.E.	ELECTRO NICS AND COMMUNI CATION ENGINEER ING	2019	PET ENGINEE ING COLLEGE	R ANNA UNIVERSI 7. TY		7.9	FIRST CLASS		Construction of the second sec		
* Upload Sc	anned copy of	f Original Deg	gree Certifi	cate.								
I.a. Additional QualificationNO ADDITIONAL QUALIFICATION Score : File :												
II. Title of Ph.D. Thesis												
III. Faculty	v in which Ph	.D. was awa	rded									
IV. Academic Experience : (Start from the Current working Experience) *												
						ieving Date <mark>1111011101111111111111111111111111111</mark>	Experience					
Name of the College		e Desi	Designation		Joining Date		for Presently Working Institutions		Months	Days		
PET ENGINEERING COLLEGE		ASSISTA PROFES			2024	024 09-02-		0	0	5		
		I					Total	. 0	0	5		
V. Industri	al Experienc	e :										
Name of the					1			F	xperience	.		
Name of the Organisation Designation		ation Natu	Nature of Work Jo		ning Date Rel		ieving Date		Months	Days		
	Appointment				(F)			· · ·	1	1		
Capacity at AUR (No. of days)	t which servi Squa Memb (No. of d	d Ex er	extended for the conduct of External Examiner (Practical) (No. of days)			of Exmination during the I Central Evaluation (No. of scripts Evaluated)			ast year Re-Evaluation (No. of scripts Evaluated)			
It is certifie	d that all the i	information p	rovided are	true to th	e best of r	ny kno	owledge.					



