
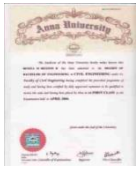



Name of the College	4101 - ADHI COLLEGE OF ENGINEERING AND TECHNOLOGY
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E. - CIVIL ENGINEERING
Name of the faculty member	MS. BENITA M HEXTON T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/478 KAMARAJAR STREET
Line 2	METTUKUPPAM
District	KANCHEEPURAM
Telephone number	-
Mobile number	+91 - 9444022955
Email	BENITA.CIVIL@ADHI.EDU.IN
Gender	FEMALE
Community	BC
PAN Number	DFJKL8021B
Passport Number	
Aadhar Number	947226121194
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	22-10-1984
Age	36
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.	CIVIL ENGINEERING	2006	JAYAMATHA ENGINEERING COLLEGE	ANNA UNIVERSITY	7.2	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2008	GOVERNMENT COLLEGE OF ENGINEERING SALEM (AUTONOMOUS)	ANNA UNIVERSITY	7.1	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	02-03-2020	10-03-2020	0	0	9
Total				0	0	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)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty:

