

DEDCOMAL INFORMATION						
PERSONAL INFORMATION						
Name (in BLOCK letters)			:	SHALINI U		LINI U
Mobile Number			:		9513404745	
E-Mail ID			:		shaliniachar08@gmail.com	
Educational / Qualification Information			:			
Details of Post Graduation (PG)			:	Qualification	MCA	
			•	Eligibility Exams (NET/SLET)		
			:	Specialization	COMPUTER APPLICATIONS	
			:	Optional Subject		
			:	Name of the College and University		National Institute Of neering, Mysore
Research Experience (M.Phil / Ph.D)			:	Topic		
			:	Name of the university		
			:	Notification date / year		
			:	Date of Convocation		
			:	Details / Topic of the project		
Present position			:	Designation	ASSISTANT PROFESSOR	
			:	Department	COV	//PUTER SCIENCE
Curriculum Design and Evaluation : (Chairman BOE, Member BOE, Member BOS)						
	Chairman BOE					
		:				
	Member BOE	:				
Member BOS :						
Details of Publications: 1.						
2.						
3						
Details of paper presentation in Seminar/Conference/Workshops						
1.						
2.						
3						