




<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	284623
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-BIOMEDICAL ENGINEERING
<b>Name of the faculty member</b>	MRS. KALPANA DEVI T
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	9, APARNA AVENUE, THERKKUPALLAM
Line 2	THINDAL , ERODE-638012
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9750204867
<b>Email</b>	KALPANADEVIMATHU@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	CQKPK2938P
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44533425642
<b>Date of Birth</b>	29-07-1988
<b>Age</b>	36
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	BIOMEDICAL ENGINEERING	2010	VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	83	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2012	SAVEETHA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	82	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-04-2024	26-01-2025	0	9	24
<b>Total</b>				<b>0</b>	<b>9</b>	<b>28</b>

**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)

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



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	284783
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-BIOMEDICAL ENGINEERING
<b>Name of the faculty member</b>	MRS. PRIYADHARSHINI E
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	344, KONGAMPALAYAM,CHITTODE
Line 2	ERODE-638102
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 7904457039
<b>Email</b>	NOVEWINGSPRIYA@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	DGZPP6838P
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44533425516
<b>Date of Birth</b>	21-11-1990
<b>Age</b>	34
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.E.	APPLIED ELECTRONICS	2014	K S RANGASAMY COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	7.9	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-04-2024	26-01-2025	0	9	24
<b>Total</b>				0	9	28

**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.

A handwritten signature in black ink, appearing to be 'ehy' with a horizontal line underneath.

**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	311906
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-BIOMEDICAL ENGINEERING
<b>Name of the faculty member</b>	MRS. SHANMUGA PRIYA A
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	 <p>Dr.S. MANOHARAN, N.E., Ph.D., MSTE., PRINCIPAL, SURYA ENGINEERING COLLEGE, METTUKADAI, KATHIRAMPATTI (P.O.), ERODE - 638 107.</p>
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	131/1, DASKANT ST,KONGU NAGAR
Line 2	PERUNDURAI-638052
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9345850574
<b>Email</b>	A.SHANMUGAPRIYA574@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	DIMPS8189H
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44739024087
<b>Date of Birth</b>	19-06-1984
<b>Age</b>	41
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	ELECTRONICS AND INSTRUMENTATION ENGINEERING	2006	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	64	SECOND CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2015	SURYA ENGINEERING COLLEGE	ANNA UNIVERSITY	79	DISTINCTION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-12-2024	25-01-2025	0	1	24
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2015	06-05-2022	6	11	6
<b>Total</b>				<b>7</b>	<b>1</b>	<b>1</b>

**V. Industrial Experience :**

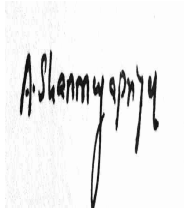
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

**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.

A handwritten signature in black ink, appearing to read "A. Shanmugasundaram". The signature is written in a cursive style with a long, sweeping tail on the final letter.

**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	266792
<b>Name of the Department</b>	CIVIL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-CIVIL ENGINEERING
<b>Name of the faculty member</b>	MR. VIMAL R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	2/376,SAI GARDEN,KALINGARAYANPALAYAM
Line 2	PALAYUR,BHAVANI-638316
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9952667312
<b>Email</b>	VR3497@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	BFTPV1959N
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328216
<b>Faculty code given by A.I.C.T.E.</b>	1-43377619925
<b>Date of Birth</b>	09-12-1992
<b>Age</b>	32
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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	2014	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	6.67	FIRST CLASS	
P.G.	M.E.	ENVIRONMENTAL ENGINEERING	2016	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.79	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
SSM COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	19-06-2017	15-06-2022	4	11	27
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-10-2022	26-01-2025	2	3	22
<b>Total</b>				<b>7</b>	<b>3</b>	<b>21</b>

**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 Examination during the last year

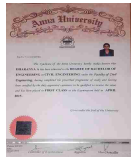
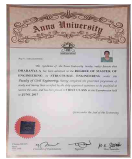
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
2		3	50	

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

A square image showing a handwritten signature in black ink on a light-colored background. The signature is cursive and appears to be 'S. S. S.' with a small mark below it.

**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	267191
<b>Name of the Department</b>	CIVIL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-CIVIL ENGINEERING
<b>Name of the faculty member</b>	MS. DHARANYA A
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	12/77, RANGANATHAPURAM EXT, KONGU MAIN ROAD
Line 2	TIRUPPUR-641607
<b>District</b>	TIRUPPUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9585626987
<b>Email</b>	DHARANYA.ARUMUGAM@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	CBPPD1867C
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7103165
<b>Faculty code given by A.I.C.T.E.</b>	1-44724065324
<b>Date of Birth</b>	25-04-1994
<b>Age</b>	30
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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	2015	JAI SHRIRAM ENGINEERING COLLEGE	ANNA UNIVERSITY	7.53	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2017	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	7.82	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
ANGEL COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	29-06-2017	30-11-2018	1	5	2
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2024	26-01-2025	0	6	26
<b>Total</b>				<b>1</b>	<b>11</b>	<b>3</b>

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

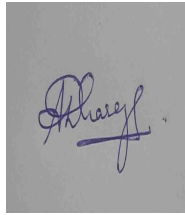
**VI. C.O.E. Appointment Experience :**


**Capacity at which service is extended for the conduct of Exmination during the last year**

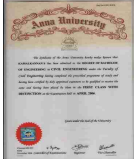
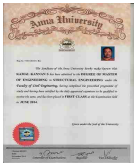
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		1		

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

**Signature of the Faculty :**

A handwritten signature in blue ink on a grey rectangular background. The signature is cursive and appears to read 'Pharef'.

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	267493
<b>Name of the Department</b>	CIVIL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-CIVIL ENGINEERING
<b>Name of the faculty member</b>	MR. KAMAL KANNAN S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	8-1144N, SRI KANNA NIVAS,E B COLONY
Line 2	LAKSHMI NAGAR,VASAVI COLLEGE,ERODE-638316
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9597500910
<b>Email</b>	KANNANAPR20@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BEOPK1010H
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328066
<b>Faculty code given by A.I.C.T.E.</b>	1-1406781013
<b>Date of Birth</b>	20-04-1985
<b>Age</b>	39
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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	K S R COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	76	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2014	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	72	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
SSM COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	07-12-2010	31-05-2012	1	5	25
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2012	26-01-2025	12	7	26
<b>Total</b>				14	1	22

**V. Industrial Experience :**

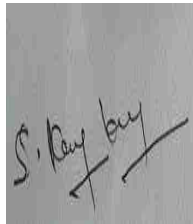
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


**VI. C.O.E. Appointment Experience :****Capacity at which service is extended for the conduct of Exmination during the last year**



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
		2	300	

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

**Signature of the Faculty :**



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	269833
<b>Name of the Department</b>	CIVIL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-CIVIL ENGINEERING
<b>Name of the faculty member</b>	MRS. JEEVETHA T
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	13/335, SAKTHI NAGAR, INGUR
Line 2	ERODE-638052
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 7502173087
<b>Email</b>	JEEVETHACIVIL@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	AQCPJ0793R
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7378453
<b>Faculty code given by A.I.C.T.E.</b>	1-44033012845
<b>Date of Birth</b>	24-08-1991
<b>Age</b>	33
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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	2012	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.25	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2014	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.83	DISTINCTION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	11-08-2023	26-01-2025	1	5	16
KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	02-06-2014	09-08-2023	9	2	8
<b>Total</b>				10	7	27

**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**


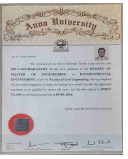
<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	271226
<b>Name of the Department</b>	CIVIL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-CIVIL ENGINEERING
<b>Name of the faculty member</b>	MR. SELVAKUMARASAMY S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	840-B/432, D. R COMPLEX, MAIN ROAD,
Line 2	BHAVANI-638301
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9994396677
<b>Email</b>	SSELVAKUMARASAMY@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AZRPS1635F
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328191
<b>Faculty code given by A.I.C.T.E.</b>	1-7377172208
<b>Date of Birth</b>	17-06-1979
<b>Age</b>	45
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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	2002	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	59.6	SECOND CLASS	
P.G.	M.E.	ENVIRONMENTAL ENGINEERING	2016	EXCEL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.62	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-02-2020	26-01-2025	4	11	22
<b>Total</b>				<b>4</b>	<b>11</b>	<b>27</b>

**V. Industrial Experience :**

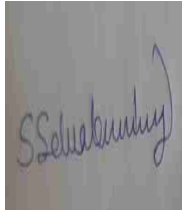
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

**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)
		3		

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

A handwritten signature in blue ink, appearing to read "S. Selvakumar", is positioned within a rectangular box.

**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	300124
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MRS. MYTHILI P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	4/1166, VAIPADI ROAD
Line 2	VIJAYAMANGALAM, ERODE-638056
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 6379038780
<b>Email</b>	MYTHILIKCP19@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BXEPM8517J
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328214
<b>Faculty code given by A.I.C.T.E.</b>	1-43378308661
<b>Date of Birth</b>	19-07-1985
<b>Age</b>	39
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.TECH.	INFORMATION TECHNOLOGY	2007	VIVEKANANDA COLLEGE OF ENGINEERING FOR WOMEN (AUTONOMOUS)	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2012	NANDHA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	9.05	DISTINCTION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-08-2022	26-01-2025	2	5	17
<b>Total</b>				<b>2</b>	<b>5</b>	<b>19</b>

**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 :**

A handwritten signature in blue ink, appearing to read 'P. Nigf', is positioned to the right of the 'Signature of the Faculty' label. The signature is written in a cursive style with a prominent vertical stroke.

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	311875
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MRS. SUGANTHI MALARVIZHI P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	143/69 KONGU NAGAR
Line 2	PERUNDURAI
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9965356000
<b>Email</b>	SUGANTHIVENU97@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	CDMPS9539K
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44789441947
<b>Date of Birth</b>	23-07-1971
<b>Age</b>	54
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	1992	OTHERS - PERIYAR MANIYAM MAI COLLEGE OF ENGINEERING	BHARATHI DASAN UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2008	VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	79	DISTINCTION	

\* 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
VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	09-06-2008	28-05-2021	12	11	20
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-01-2025	26-01-2025	0	0	25
<b>Total</b>				<b>13</b>	<b>0</b>	<b>15</b>

**V. Industrial Experience :**

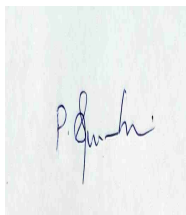
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


**VI. C.O.E. Appointment Experience :****Capacity at which service is extended for the conduct of Exmination during the last year**

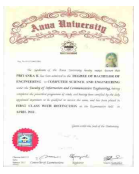
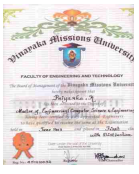
<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
1		20	300	

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

**Signature of the Faculty :**



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	302750
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	M.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MRS. PRIYANKA K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	36 EB COLONY, ANNA NAGAR,
Line 2	CHINNA SALEM-606201
<b>District</b>	KALLAKURICHI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9943217677
<b>Email</b>	PRIYALEX24@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	CDRPP9616F
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328255
<b>Faculty code given by A.I.C.T.E.</b>	1-44033845153
<b>Date of Birth</b>	06-07-1990
<b>Age</b>	34
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	2011	IDHAYA ENGINEERING COLLEGE FOR WOMEN	ANNA UNIVERSITY	75	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - VMKV ENGINEERING COLLEGE	OTHERS - VINAYAKA MISSION	83	DISTINCTION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-06-2023	26-01-2025	1	7	22
<b>Total</b>				<b>1</b>	<b>7</b>	<b>25</b>

**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**


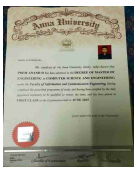
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in black ink, appearing to read 'Prayalpa', is centered within a rectangular box.

**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	290112
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MR. PREM ANAND D
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	23/42, 10TH STREET, POSTAL NAGAR
Line 2	VETTUKATUVALASU, ERODE-638011
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8248628069
<b>Email</b>	PREMPLOT@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BIYPP5738F
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44724016943
<b>Date of Birth</b>	17-03-1989
<b>Age</b>	35
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	2010	VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	64	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	MAHENDRA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	63	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
PAAVAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-11-2021	25-10-2024	2	11	16
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-11-2024	26-01-2025	0	2	26
<b>Total</b>				<b>3</b>	<b>2</b>	<b>13</b>

**V. Industrial Experience :**

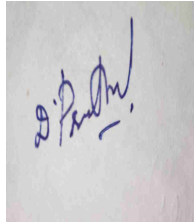
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


**VI. C.O.E. Appointment Experience :****Capacity at which service is extended for the conduct of Exmination during the last year**



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	292233
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MRS. YAZHINI R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	124/3,PANDIYAN ST,
Line 2	PERUNDURAI-638052
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8072034575
<b>Email</b>	YAZHSRN@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	AMVPY2818B
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-48878308879
<b>Date of Birth</b>	20-01-1991
<b>Age</b>	33
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.TECH.	INFORMATION TECHNOLOGY	2012	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	89	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	88	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-01-2023	26-01-2025	2	0	25
<b>Total</b>				2	0	25

**V. Industrial Experience :**

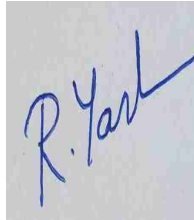
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
FOREIGN POST OFFICE	POSTAL ASSISTANT	POSTAL ASSISTANT	10-04-2015	31-05-2016	1	1	21
<b>Total</b>					1	1	21

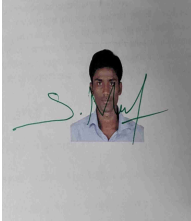
**VI. C.O.E. Appointment Experience :****Capacity at which service is extended for the conduct of Exmination during the last year**



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	276028
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MR. KIRUBHAKARAN M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	14/15, LAKSHMI GARDEN, METTUKADAI
Line 2	ERODE-638107
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9095771166
<b>Email</b>	KIRUPAA.M@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	SC
<b>PAN Number</b>	AXSPK3602K
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328231
<b>Faculty code given by A.I.C.T.E.</b>	1-44033609049
<b>Date of Birth</b>	05-03-1989
<b>Age</b>	35
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	2010	VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - VMKV ENGINEERING COLLEGE	OTHERS - VINAYAKA MISSION UNIVERSITY	85	DISTINCT ION	

\* 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
DR NAGARATHINAM'S COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	07-07-2010	31-07-2011	1	0	25
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-09-2023	26-01-2025	1	4	26
<b>Total</b>				<b>2</b>	<b>5</b>	<b>23</b>

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
ROBO KING	SENIOR DATA ANALYSIST	BUSINESS DEVELOPMENT	06-06-2013	31-08-2023	10	2	25
<b>Total</b>					10	2	25

**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)

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



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	311841
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING (CYBER SECURITY)
<b>Name of the faculty member</b>	MRS. KANJANA DEVI S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	40,CHERAN STREET,CHENNIMALAI
Line 2	ERODE
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9865567672
<b>Email</b>	KANJANADEVI.S@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	CIXPK5592E
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44738339130
<b>Date of Birth</b>	19-05-1984
<b>Age</b>	41
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	2005	VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2008	VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	80	DISTINCT ION	

\* 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
VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	02-06-2008	31-05-2019	10	11	29
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-11-2024	27-01-2025	0	2	27
<b>Total</b>				11	2	27

**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) 10	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 :** 

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	276992
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING (CYBER SECURITY)
<b>Name of the faculty member</b>	MRS. REVATHI C S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	 <p>Dr. S. MANOHARAN, M.E., Ph.D., MISTE., PRINCIPAL SURYA ENGINEERING COLLEGE, METTUKADAI, KATHIRAMPATTI (PO), ERODE - 638 107.</p>
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	22/17, PATALAMMAN KOVIL STREET, KOMARAPALAYAM
Line 2	NAMAKKAL-638183
<b>District</b>	NAMAKKAL
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 7904390790
<b>Email</b>	REVATHI_CSE@SURYA.AC.IN
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	APHPR6869L
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328241
<b>Faculty code given by A.I.C.T.E.</b>	1-44724016597
<b>Date of Birth</b>	21-11-1984
<b>Age</b>	40
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.B.A.	BUSINESS ADMINISTRATION	2005	OTHERS - KANDHAN ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSITY	70	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2008	SSM COLLEGE OF ENGINEERING	ANNA UNIVERSITY	76	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	SASURIE COLLEGE OF ENGINEERING	ANNA UNIVERSITY	78	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	22-04-2024	26-01-2025	0	9	5
MAHENDRA COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	21-07-2008	15-05-2010	1	9	26
<b>Total</b>				<b>2</b>	<b>7</b>	<b>5</b>

**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**



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	288811
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING (CYBER SECURITY)
<b>Name of the faculty member</b>	MR. COUSIC P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	KALINKARAYAN PALAYAM
Line 2	BHAVANI,ERODE-638301
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8056552032
<b>Email</b>	COUSIC.BE@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BHIPC3499P
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44033845409
<b>Date of Birth</b>	18-05-1989
<b>Age</b>	35
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	2010	VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	NANDHA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	71	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	15-06-2023	26-01-2025	1	7	12
<b>Total</b>				<b>1</b>	<b>7</b>	<b>15</b>

**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.

A handwritten signature in black ink, appearing to read 'P. G. K.', is centered within a rectangular box. The signature is written in a cursive style.

**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	311734
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING (ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING)
<b>Name of the faculty member</b>	MR. DHARMAN V
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	106, KANNAKATTUMEDU, CHINNIYAMPALAYAM
Line 2	MODAKURICHI-638104
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9500334650
<b>Email</b>	DHARMAKSR@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	SC
<b>PAN Number</b>	ARKPD5550D
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328153
<b>Faculty code given by A.I.C.T.E.</b>	1-44789441973
<b>Date of Birth</b>	19-06-1989
<b>Age</b>	36
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	2012	K S RANGASAMY COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2016	GOVERNMENT COLLEGE OF ENGINEERING, ERODE	ANNA UNIVERSITY	78	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-07-2019	25-01-2025	5	6	24
<b>Total</b>				5	6	27

**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**



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	296528
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING (ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING)
<b>Name of the faculty member</b>	MR. SARAVANAN M D
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	55B, GANDHI SALAI,
Line 2	RASIPURAM-637408
<b>District</b>	NAMAKKAL
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9789344436
<b>Email</b>	MDSARAVANANBE@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	DUUPS2880D
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44556570355
<b>Date of Birth</b>	27-01-1990
<b>Age</b>	34
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	2011	GNANAMA NI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.68	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - VMKV ENGINEERING COLLEGE	OTHERS - VINAYAKA MISSION	85	DISTINCTION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-02-2024	26-01-2025	0	11	25
<b>Total</b>				0	11	0

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
ALORICA	TEAM MANAGER	SOFTWARE TESTING	15-07-2019	08-06-2022	2	10	25
<b>Total</b>					2	10	29


**VI. C.O.E. Appointment Experience :****Capacity at which service is extended for the conduct of Exmination during the last year**

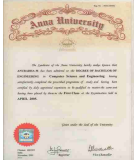
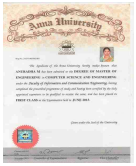
<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	287770
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MRS. ANURADHA M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	4/3, SAKTHI MAIN ROAD, JAMBAI
Line 2	BHAVANI.ERODE-638312
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9047999993
<b>Email</b>	ANUMOHAN22@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	AIYPA2480Q
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44724016509
<b>Date of Birth</b>	22-06-1982
<b>Age</b>	42
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	2005	CHRISTIAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	ARIGNAR ANNA INSTITUTE OF SCIENCE AND TECHNOLOGY	ANNA UNIVERSITY	7.8	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	23-10-2024	26-01-2025	0	3	4
SRIRAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	09-07-2007	09-04-2011	3	9	1
SSM COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-06-2013	03-06-2014	1	0	1
<b>Total</b>				<b>5</b>	<b>0</b>	<b>7</b>

**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**



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	288566
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MRS. DEEPIKA V
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	4/170, KATTUVALAVU, KOKKARAYANPETTAI
Line 2	KUMARAPALAYAM, NAMAKKAL-637210
<b>District</b>	NAMAKKAL
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8883007777
<b>Email</b>	DEEPIKA8289@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BWRPD2356L
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44033844799
<b>Date of Birth</b>	08-02-1989
<b>Age</b>	35
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	2010	VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.7	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2012	K S RANGASAMY COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.95	DISTINCTION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	13-06-2023	26-01-2025	1	7	14
K S RANGASAMY COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	02-06-2012	30-04-2014	1	10	29
<b>Total</b>				<b>3</b>	<b>6</b>	<b>16</b>

**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**



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	292745
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MRS. SOWMIYA D
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	28/109, KARUMAKADU BUS STOP, CHITTODE
Line 2	ERODE-638102
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9500529115
<b>Email</b>	SOWMIRAJ26@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	GEYPS9358D
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-7377552581
<b>Date of Birth</b>	26-03-1993
<b>Age</b>	31
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	2014	PGP COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	86	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2016	VIDHYA MANDHIR INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	85	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	11-12-2019	26-01-2025	5	1	16
<b>Total</b>				5	1	16

**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 :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	311787
<b>Name of the Department</b>	INFORMATION TECHNOLOGY
<b>Name of the Degree &amp; Course</b>	B.TECH.-INFORMATION TECHNOLOGY
<b>Name of the faculty member</b>	MRS. KAVITHA R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	16/67, KIRAMADAI, 3RD ST, SURAMPATTI
Line 2	ERODE-638009
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9942569351
<b>Email</b>	RKAVIBASKAR1221@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	CIXPK5593F
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44738339068
<b>Date of Birth</b>	02-03-1981
<b>Age</b>	44
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.SC.	OTHERS - COMPUTER SCIENCE	2003	OTHERS - SRI VASAVI COLLEGE	BHARATHIYAR UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2008	VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	76	DISTINCTION	

\* 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
VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	02-06-2008	31-05-2021	12	11	29
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-11-2024	25-01-2025	0	2	25
<b>Total</b>				<b>13</b>	<b>2</b>	<b>25</b>

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

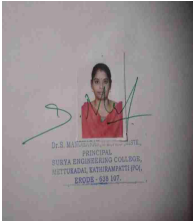
**VI. C.O.E. Appointment Experience :****Capacity at which service is extended for the conduct of Exmination during the last year**

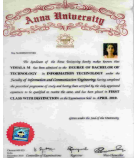

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	289673
<b>Name of the Department</b>	INFORMATION TECHNOLOGY
<b>Name of the Degree &amp; Course</b>	B.TECH.-INFORMATION TECHNOLOGY
<b>Name of the faculty member</b>	MRS. VIMALA M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	237-G SOWMIYA ILLAM, EPB NAGAR ,SOOLAI
Line 2	638004
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 7010568393
<b>Email</b>	MVIMALAIT@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	AUWPV3079N
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328242
<b>Faculty code given by A.I.C.T.E.</b>	1-44724016685
<b>Date of Birth</b>	12-11-1986
<b>Age</b>	38
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.TECH.	INFORMATION TECHNOLOGY	2010	M KUMARASAMY COLLEGE OF ENGINEERING (M&T)	ANNA UNIVERSITY	83	DISTINCT ION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - KARPAGAM UNIVERSITY	OTHERS - KARPAGAM UNIVERSITY	81.5	DISTINCT ION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	22-05-2024	26-01-2025	0	8	5
INDUS COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	06-09-2010	28-05-2013	2	8	23
<b>Total</b>				<b>3</b>	<b>4</b>	<b>1</b>

**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**

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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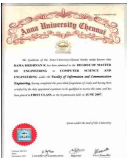
It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	289743
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	B.E.-GENERAL ENGINEERING
<b>Name of the faculty member</b>	MR. SIVAKUMAR T N
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	40/1,T V PALAYAM
Line 2	PERUNDURAI-638052
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9003645799
<b>Email</b>	SIVAKUMARTN66@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	DBKPS6083K
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44724056333
<b>Date of Birth</b>	06-09-1991
<b>Age</b>	33
<b>I. Particulars of Educational Qualification : (only completed)</b>	

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	291177
<b>Name of the Department</b>	INFORMATION TECHNOLOGY
<b>Name of the Degree &amp; Course</b>	B.TECH.-INFORMATION TECHNOLOGY
<b>Name of the faculty member</b>	MR. RAMAKRISHNAN K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	18, VEERAMAMUNIVAR ST, TEACHERS COLONY
Line 2	ERODE-638011
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9790482081
<b>Email</b>	KRAMAKRISHNAN81@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AQYPR7326L
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44036209910
<b>Date of Birth</b>	20-04-1981
<b>Age</b>	43
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	2003	K S RANGASAMY COLLEGE OF TECHNOLOGY (AUTONOMOUS)	PERIYAR UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2007	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	74	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
SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	OTHERS - LECTURER	18-06-2008	14-07-2009	1	0	27
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	17-07-2009	10-02-2021	11	6	25
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-06-2023	26-01-2025	1	7	17
<b>Total</b>				<b>14</b>	<b>3</b>	<b>10</b>

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
VESPEC INFO SYSTEMS	ASP PROGRAMMER	PROGRAMMER	14-05-2007	16-06-2008	1	1	3
BLUE LOTUS TECHNOLOGIES CHENNAI	ASP PROGRAMMER	PROGRAMMER	12-09-2003	25-02-2005	1	5	14
<b>Total</b>					<b>2</b>	<b>6</b>	<b>19</b>

**VI. C.O.E. Appointment Experience :**


**Capacity at which service is extended for the conduct of Examination 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)

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

Signature of the Faculty :



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	311863
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
<b>Name of the faculty member</b>	MRS. VISALAKSHI R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	14/3, THIRD CROSS STREET, JEEVA NAGAR
Line 2	ERODE ROAD,PERUNDURAI
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9842950802
<b>Email</b>	VISALAKSHI.CS@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	AVQPV9371E
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44738219015
<b>Date of Birth</b>	27-09-1983
<b>Age</b>	42
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	2005	VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2009	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	81	DISTINCTION	

\* 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
VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	18-05-2009	27-05-2015	6	0	10
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-11-2024	26-01-2025	0	2	26
<b>Total</b>				<b>6</b>	<b>3</b>	<b>7</b>

**V. Industrial Experience :**

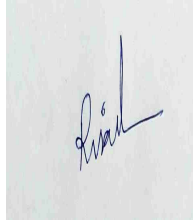
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


**VI. C.O.E. Appointment Experience :****Capacity at which service is extended for the conduct of Exmination during the last year**



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	293543
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
<b>Name of the faculty member</b>	MRS. SAJINI S P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	E5, KONGU ENGINEERING QUATERS
Line 2	PERUNDURAI, ERODE-638052
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9487464877
<b>Email</b>	SPSAJINI29@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	OC
<b>PAN Number</b>	CQMPS8802G
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44724017031
<b>Date of Birth</b>	29-04-1986
<b>Age</b>	38
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	2008	NOORUL ISLAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2010	VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	87	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
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	03-08-2010	05-04-2011	0	8	3
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-07-2024	26-01-2025	0	6	24
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2012	30-04-2014	1	10	30
<b>Total</b>				<b>3</b>	<b>1</b>	<b>29</b>

**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 :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	276827
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
<b>Name of the faculty member</b>	MRS. SEETHA N
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	266,E5, PALANIPURAM FIRST STREET,
Line 2	BHAVANI-638301
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9790367747
<b>Email</b>	NSEETHA@SURYA.AC.IN
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	DWAPS2733H
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328224
<b>Faculty code given by A.I.C.T.E.</b>	1-44533425682
<b>Date of Birth</b>	27-09-1990
<b>Age</b>	34
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	2012	AVS ENGINEERING COLLEGE	ANNA UNIVERSITY	81	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2017	ANNAPOORANA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	78	SECOND 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	08-05-2023	26-01-2025	1	8	19
<b>Total</b>				1	8	23

**V. Industrial Experience :**

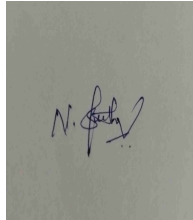
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
SPI SOFT TECHNOLOGIES	QUALITY ANALYST	IT	04-11-2019	28-04-2023	3	5	25
<b>Total</b>					3	5	27


**VI. C.O.E. Appointment Experience :****Capacity at which service is extended for the conduct of Exmination during the last year**



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	311734
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING (ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING)
<b>Name of the faculty member</b>	MR. DHARMAN V
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	106, KANNAKATTUMEDU, CHINNIYAMPALAYAM
Line 2	MODAKURICHI-638104
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9500334650
<b>Email</b>	DHARMAKSR@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	SC
<b>PAN Number</b>	ARKPD5550D
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328153
<b>Faculty code given by A.I.C.T.E.</b>	1-44789441973
<b>Date of Birth</b>	19-06-1989
<b>Age</b>	36
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	2012	K S RANGASAMY COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2016	GOVERNMENT COLLEGE OF ENGINEERING, ERODE	ANNA UNIVERSITY	78	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-07-2019	25-01-2025	5	6	24
<b>Total</b>				<b>5</b>	<b>6</b>	<b>27</b>

**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**



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	296528
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING (ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING)
<b>Name of the faculty member</b>	MR. SARAVANAN M D
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	55B, GANDHI SALAI,
Line 2	RASIPURAM-637408
<b>District</b>	NAMAKKAL
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9789344436
<b>Email</b>	MDSARAVANANBE@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	DUUPS2880D
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44556570355
<b>Date of Birth</b>	27-01-1990
<b>Age</b>	34
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	COMPUTER SCIENCE AND ENGINEERING	2011	GNANAMA NI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.68	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - VMKV ENGINEERING COLLEGE	OTHERS - VINAYAKA MISSION	85	DISTINCTION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-02-2024	26-01-2025	0	11	25
<b>Total</b>				0	11	0

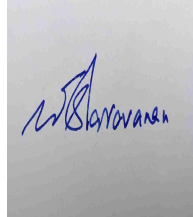
**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
ALORICA	TEAM MANAGER	SOFTWARE TESTING	15-07-2019	08-06-2022	2	10	25
<b>Total</b>					2	10	29

**VI. C.O.E. Appointment Experience :****Capacity at which service is extended for the conduct of Exmination during the last year**




<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	295030
<b>Name of the Department</b>	ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the faculty member</b>	DR. BOSELIN PRABHU S R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	PROFESSOR
<b>Residential Address</b> Line 1	5-19, SATHYA COTTAGE, VENGANANCODE,MELPURAM
Line 2	VILAVANCODE,KANNIYAKUMARI-629168
<b>District</b>	KANYAKUMARI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9790100467
<b>Email</b>	EBEN4UEVER@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AVYPB0818J
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-7620529858
<b>Date of Birth</b>	27-02-1986
<b>Age</b>	38
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2007	SASURIE COLLEGE OF ENGINEERING	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.E.	OTHERS - NETWORK ENGINEERING	2009	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	85	DISTINCTION	
PH.D.	PH.D.	OTHERS - INFORMATION AND COMMUNICATION ENGINEERING	2016	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	75		

\* Upload Scanned copy of Original Degree Certificate.

**I.a. Additional Qualification :-** NO ADDITIONAL QUALIFICATION

Score :

File :

**II. Title of Ph.D. Thesis**

EVALUATION OF CLUSTERING PARAMETERS IN WIRELESS SENSOR NETWORKS USING DISTRIBUTED AND HIERERCHICAL CLUSTERING METHODS

**III. Faculty in which Ph.D. was awarded**

FACULTY OF INFORMATION AND COMMUNICATION ENGINEERING

**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
SURYA ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	31-10-2018	06-03-2019	0	4	7
SURYA ENGINEERING COLLEGE	PROFESSOR	28-08-2020	26-01-2025	4	4	30
EASA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSOCIATE PROFESSOR	24-06-2019	08-08-2020	1	1	15
V.S.B. COLLEGE OF ENGINEERING TECHNICAL CAMPUS (AUTONOMOUS)	ASSOCIATE PROFESSOR	22-06-2016	12-04-2018	1	9	21
TAMIZHAN COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	16-06-2009	10-05-2011	1	10	25
S V S COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	08-06-2011	18-05-2016	4	11	11
<b>Total</b>				14	6	23

**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 :**

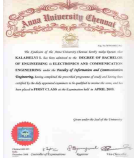

Capacity at which service is extended for the conduct of Exmination during the last year

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 :

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	267299
<b>Name of the Department</b>	ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the faculty member</b>	MRS. KALAISELVI L
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	15, MUNICIPAL COLONY, ROAD 4, VEERAPAN CHATHIRAM
Line 2	ERODE-638004
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9715534444
<b>Email</b>	KALAISELVI18@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BONPK1344B
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328175
<b>Faculty code given by A.I.C.T.E.</b>	1-7399381158
<b>Date of Birth</b>	18-12-1986
<b>Age</b>	38
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2008	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2011	KARPAGAM COLLEGE OF ENGINEERING (AUTONOMOUS)	OTHERS - KARPAGAM UNIVERSITY	76	DISTINCTION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2018	26-01-2025	6	7	26
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2011	31-03-2017	5	9	30
<b>Total</b>				12	5	29

**V. Industrial Experience :**

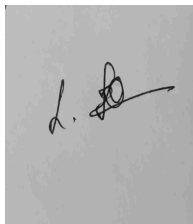
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


**VI. C.O.E. Appointment Experience :****Capacity at which service is extended for the conduct of Exmination during the last year**

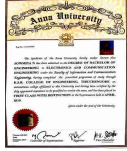
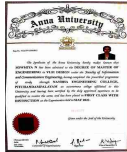
<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
		2	350	

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

**Signature of the Faculty :**



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	267372
<b>Name of the Department</b>	ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the faculty member</b>	MS. SOWMIYA N
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	112B, THOTTIPALAYAM, VIRIYAMARATHOTTAM, BHAVANI
Line 2	ERODE-638114
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9965961656
<b>Email</b>	SOWMIYANAGARAJ.ME@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	KVDPS8010L
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328206
<b>Faculty code given by A.I.C.T.E.</b>	1-10993958651
<b>Date of Birth</b>	08-01-1998
<b>Age</b>	26
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2019	K S R COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	86	DISTINCTION	
P.G.	M.E.	VLSI DESIGN	2021	NANDHA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	96	DISTINCTION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-01-2022	26-01-2025	3	0	22
<b>Total</b>				<b>3</b>	<b>0</b>	<b>22</b>

**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 :**

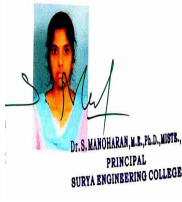
**Capacity at which service is extended for the conduct of Exmination during the last year**



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 :**

A rectangular box containing a handwritten signature in blue ink. The signature is stylized and appears to be 'N. S. J.' or similar.

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	267432
<b>Name of the Department</b>	ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the faculty member</b>	MRS. USHA T
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	18A, THIRUGNANA SAMBATHAR ST, ARACHALUR, CHENNIMALAI
Line 2	ERODE-638051
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9659292862
<b>Email</b>	USHARAMYA.ECE@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	ADZPU6608A
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328215
<b>Faculty code given by A.I.C.T.E.</b>	1-43378438430
<b>Date of Birth</b>	03-06-1994
<b>Age</b>	30
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2015	JCT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	64	SECOND CLASS	
P.G.	M.E.	VLSI DESIGN	2020	JCT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-09-2022	26-01-2025	2	4	26
<b>Total</b>				<b>2</b>	<b>4</b>	<b>28</b>

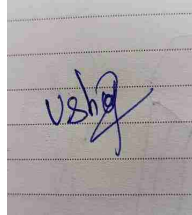
**V. Industrial Experience :**

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**

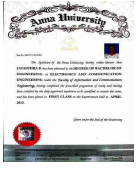

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**



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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2012	SURYA ENGINEERING COLLEGE	ANNA UNIVERSITY	83.5	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2014	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	79.9	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	06-03-2014	30-05-2019	5	2	25
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-11-2024	26-01-2025	0	2	26
<b>Total</b>				5	5	23

**V. Industrial Experience :**

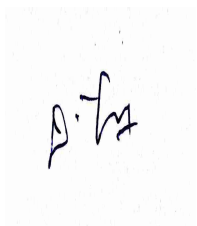
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

**VI. C.O.E. Appointment Experience :**

Capacity at which service is extended for the conduct of Exmination during the last year


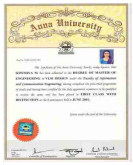
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in black ink, appearing to be 'P. H.', is centered within a light gray rectangular box.

**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	270002
<b>Name of the Department</b>	ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the faculty member</b>	MRS. SOWMIYA M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	253/4, SAKTHI NAGAR, KOVAI MAIN ROAD,
Line 2	PERUNDURAI, ERODE-638052
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9715205674
<b>Email</b>	SOWMIYA.M2393@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	HGAPS5573M
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44724016025
<b>Date of Birth</b>	23-04-1993
<b>Age</b>	31
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2014	SURYA ENGINEERING COLLEGE	ANNA UNIVERSITY	86	DISTINCTION	
P.G.	M.E.	VLSI DESIGN	2016	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	85	DISTINCTION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	19-08-2024	26-01-2025	0	5	8
J.K.K.NATARAJA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-07-2016	03-07-2017	1	0	2
<b>Total</b>				<b>1</b>	<b>5</b>	<b>12</b>

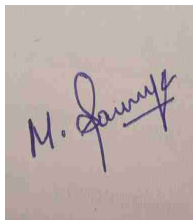
**V. Industrial Experience :**

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**



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	277483
<b>Name of the Department</b>	ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the faculty member</b>	MRS. YAMUNA K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	 <p>Dr. S. MANOHARAN, M.B., Ph.D., MIEEE, PRINCIPAL SURYA ENGINEERING COLLEGE</p>
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	1/60, GANGA PURAM, CHITTODE
Line 2	ERODE-638102
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9629807362
<b>Email</b>	K.YAMUNAA@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	AMQPY3895B
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44724015956
<b>Date of Birth</b>	23-07-1991
<b>Age</b>	33
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	INSTRUMENTATION AND CONTROL ENGINEERING	2013	DR MAHALINGAM COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	85	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2015	SURYA ENGINEERING COLLEGE	ANNA UNIVERSITY	83	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-08-2024	26-01-2025	0	5	26
<b>Total</b>				0	5	28

**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**

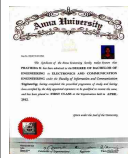

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	287900
<b>Name of the Department</b>	ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the faculty member</b>	MRS. PRATHIBA K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	4,RAMAN KATTU THOTTAM,METTUKADAI,KATHIRAMPATTI POST
Line 2	ERODE,638107
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9715095003
<b>Email</b>	PRATHI.SEC@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BZMPP7185H
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44724016243
<b>Date of Birth</b>	16-10-1990
<b>Age</b>	34
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2012	SURYA ENGINEERING COLLEGE	ANNA UNIVERSITY	85	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2014	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	84	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-11-2024	26-01-2025	0	2	26
<b>Total</b>				<b>0</b>	<b>2</b>	<b>27</b>

**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.

A handwritten signature in black ink, appearing to read "K. Prath", is centered within a light gray rectangular box.

**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	288445
<b>Name of the Department</b>	ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the Degree &amp; Course</b>	M.E.-APPLIED ELECTRONICS
<b>Name of the faculty member</b>	MR. PRABHU S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	43/31, THEETHAMPALAYAM, K S PALAYAM
Line 2	PERUNDURAI, ERODE-638052
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9095793600
<b>Email</b>	PRABHU0906@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	DLQPS9537A
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7330058
<b>Faculty code given by A.I.C.T.E.</b>	1-7385988858
<b>Date of Birth</b>	09-06-1990
<b>Age</b>	34
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2011	NANDHA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	81.7	FIRST CLASS	
P.G.	M.E.	EMBEDDED SYSTEMS	2014	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	80.1	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	24-12-2016	26-01-2025	8	1	3
VIDHYA MANDHIR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	17-07-2014	20-12-2016	2	5	4
<b>Total</b>				10	6	10

**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**




<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
6		2		

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

**Signature of the Faculty :**



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	304597
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the faculty member</b>	DR. SARAVANAN S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	PROFESSOR
<b>Residential Address</b> Line 1	1/586, E B NAGAR, OPPOSITE A.E.T.SCHOOL,VALLIPURATHANPALAYAMA,
Line 2	ERODE-638 112
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9965621949
<b>Email</b>	MITHUNSHARAN@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BJQPS3647K
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7303109
<b>Faculty code given by A.I.C.T.E.</b>	1-44718466144
<b>Date of Birth</b>	04-05-1971
<b>Age</b>	53
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	1995	GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	61	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2006	OTHERS - VMKV ENGINEERING COLLEGE	OTHERS - VINAYAKA MISSION	74	FIRST CLASS	
PH.D.	PH.D.	POWER ELECTRONICS AND DRIVES	2017	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	Y		

\* Upload Scanned copy of Original Degree Certificate.

**I.a. Additional Qualification :-** NO ADDITIONAL QUALIFICATION

Score :

File :

**II. Title of Ph.D. Thesis**

CERTAIN INVESTIGATION ON POWER CONVERTERS FOR SWITCHED RELUCTANCE MOTOR DRIVES

**III. Faculty in which Ph.D. was awarded**

FACULTY OF ELECTRICAL ENGINEERING

**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
OTHERS - MAHARAJA POLYTECHNIC COLLEGE	OTHERS - LECTURER	20-06-2000	09-08-2001	1	1	20
BUILDERS ENGINEERING COLLEGE (AUTONOMOUS)	PROFESSOR	18-06-2010	29-08-2024	14	2	12
SASURIE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-08-2001	16-06-2010	8	10	7
SURYA ENGINEERING COLLEGE	PROFESSOR	01-11-2024	26-01-2025	0	2	26
<b>Total</b>				<b>24</b>	<b>5</b>	<b>7</b>

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
INTERGRAL CONTROL SYSTEM	ELECTRICAL ENGINEER	DESIGN ENGINEER	24-07-1996	10-06-1998	1	10	18
MUTHU SPINNING MILL PVT LTD	ELECTRICAL SUPERVISOR	SUPERVISING	14-07-1995	20-07-1996	1	0	7
DYNAMIC SYSTEMS	ELECTRICAL ENGINEER	PRODUCTION AND MAINTANANCE	12-06-1998	19-06-2000	2	0	8
<b>Total</b>					<b>4</b>	<b>11</b>	<b>7</b>

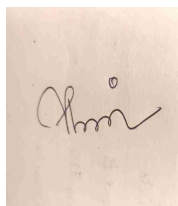
**VI. C.O.E. Appointment Experience :**


**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)
6	4	4	575	175

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

**Signature of the Faculty :**



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	289792
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	M.E.-POWER SYSTEMS ENGINEERING
<b>Name of the faculty member</b>	MR. SHEK MOHAMMED A
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	13, SRI CAUVERY CITY, METTUKADAI
Line 2	ERODE-638112
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8056496919
<b>Email</b>	SHEKMOHAMMED@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	OTHERS - BCM
<b>PAN Number</b>	FYEPS7946J
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-7400186148
<b>Date of Birth</b>	10-06-1986
<b>Age</b>	38
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2007	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	70.47	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2017	SURYA ENGINEERING COLLEGE	ANNA UNIVERSITY	8.45	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2019	26-01-2025	5	6	26
<b>Total</b>				<b>5</b>	<b>6</b>	<b>29</b>

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
TECHNICAL CADRES CONTRACTING WLL	SENIOR PROJECT ENGINEER	EHV CABLE	11-02-2011	01-03-2015	4	0	19
<b>Total</b>					<b>4</b>	<b>0</b>	<b>19</b>


**VI. C.O.E. Appointment Experience :****Capacity at which service is extended for the conduct of Exmination during the last year**



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days) 2</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	270514
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the faculty member</b>	MRS. KARTHIKA V
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	5,PRANAV NIVAS ILLAM,2ND FLOOR,NGGO COLONY NEAR KAMARAJA STREET,
Line 2	ERODE-638001
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9600762903
<b>Email</b>	KARTHISARA2228@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	ECCPK8844Q
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328226
<b>Faculty code given by A.I.C.T.E.</b>	1-44033314951
<b>Date of Birth</b>	22-10-1994
<b>Age</b>	30
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2016	VIVEKANA NDHA COLLEGE OF ENGINEERING FOR WOMEN (AUTONOMOUS)	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2018	VIVEKANA NDHA COLLEGE OF ENGINEERING FOR WOMEN (AUTONOMOUS)	ANNA UNIVERSITY	87	DISTINCTION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	31-07-2023	26-01-2025	1	5	27
<b>Total</b>				<b>1</b>	<b>5</b>	<b>29</b>

**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 :**

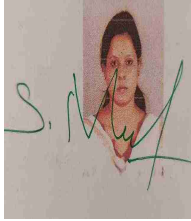
**Capacity at which service is extended for the conduct of Exmination during the last year**



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	270616
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the faculty member</b>	MRS. AMSAVENI SANKAR
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	38/2,CHINAAYYA REDDY STREET,1ST WARD,PN PATTY,KARUMALAI KOODAL
Line 2	METTUR
<b>District</b>	SALEM
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8428324515
<b>Email</b>	AMSAVENI.EEE16@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	NXLPS6925K
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328201
<b>Faculty code given by A.I.C.T.E.</b>	1-10530753433
<b>Date of Birth</b>	22-06-1997
<b>Age</b>	27
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2018	JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	83	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2020	JANSONS INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	82	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
SURYA COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	12-08-2021	26-01-2025	3	5	15
<b>Total</b>				<b>3</b>	<b>5</b>	<b>17</b>

**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 :**

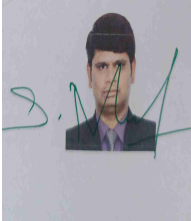
**Capacity at which service is extended for the conduct of Examination during the last year**



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 :**

A handwritten signature in black ink, appearing to be 'A. J. ...', written over a light-colored rectangular background.

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	271107
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the faculty member</b>	MR. SENTHILNATHAN K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	1/45, KALLANKULAM, R. PUDHUPALAYAM
Line 2	RASIPURAM-637408
<b>District</b>	NAMAKKAL
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9488029371
<b>Email</b>	SENTHILPED06@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BXPPS8126N
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328181
<b>Faculty code given by A.I.C.T.E.</b>	1-7399832854
<b>Date of Birth</b>	03-10-1984
<b>Age</b>	40
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2006	DHANALAKSHMI SRINIVASAN ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2008	BANNARIAMMAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	77	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
BANNARIAMMAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	13-06-2008	29-09-2018	10	3	17
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	06-11-2019	26-01-2025	5	2	21
<b>Total</b>				15	6	10

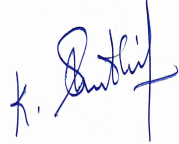
**V. Industrial Experience :**

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**

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
		4	500	

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







**Signature of the Faculty :**



Anna University, Chennai  
Surya Engineering College - 7328

Consolidated\_Report  
13.faculty

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	267711
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	DR. MANOHARAN S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	PRINCIPAL
<b>Residential Address</b> Line 1	9/5, NRP ILLAM, SUN GARDEN
Line 2	VILLARASAMPATTI, ERODE-638017
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9842511455
<b>Email</b>	PRINCIPAL@SURYA.AC.IN
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AQMPM6172H
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7323070
<b>Faculty code given by A.I.C.T.E.</b>	1-2187117033
<b>Date of Birth</b>	03-07-1978
<b>Age</b>	46
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	MECHANICAL ENGINEERING	2001	OTHERS - KARUNYA INSTITUTE OF TECHNOLOGY	BHARATHIYAR UNIVERSITY	59.5	SECOND CLASS	
P.G.	M.E.	COMPUTER AIDED DESIGN	2003	OTHERS - SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY	OTHERS - SATHYABAMA UNIVERSITY	74.25	FIRST CLASS	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2016	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	Y		

\* Upload Scanned copy of Original Degree Certificate.

**I.a. Additional Qualification :-** NO ADDITIONAL QUALIFICATION

Score :

File :

**II. Title of Ph.D. Thesis**

INVESTIGATIONS ON THERMAL MECHANICAL AND TRIBOLOGICAL BEHAVIOURS OF HYBRID FIBRE REINFORCED FRICTION COMPOSITES

**III. Faculty in which Ph.D. was awarded**

FACULTY OF MECHANICAL ENGINEERING

**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
SSM COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	29-05-2013	05-02-2017	3	8	8
SASURIE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-08-2010	28-05-2013	2	9	2
SURYA ENGINEERING COLLEGE	PRINCIPAL	21-08-2020	26-01-2025	4	5	6
SSM COLLEGE OF ENGINEERING	PRINCIPAL	12-02-2018	09-06-2020	2	3	26
SSM COLLEGE OF ENGINEERING	PROFESSOR	06-02-2017	11-02-2018	1	0	6
HINDUSTHAN COLLEGE OF ENGINEERING AND TECHNOLOGY(AUTONOMOUS)	OTHERS - LECTURER	01-08-2003	30-11-2006	3	3	31
TAMILNADU COLLEGE OF ENGINEERING	OTHERS - LECTURER	01-06-2007	26-08-2010	3	2	26
<b>Total</b>				20	9	20

**V. Industrial Experience :**

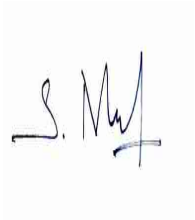
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
AARTHI BRAKE AND CLUTCH PVT LTD	MECHANICAL ENGINEERING	DESIGN	13-06-2002	09-07-2003	1	0	27
STEADFAST FRICTION PRODUCTS	MECHANICAL ENGINEERING	DESIGN	03-12-2006	25-05-2007	0	5	23
<b>Total</b>					1	6	22

**VI. C.O.E. Appointment Experience :**


**Capacity at which service is extended for the conduct of Examination 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)

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

A handwritten signature in blue ink, appearing to read "S. M. A.", is centered within a light gray rectangular box.

**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	292455
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	DR. PALANISAMY A
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	PROFESSOR
<b>Residential Address</b> Line 1	18/12, KG BOSE NAGAR,IRUGUR,SULUR
Line 2	COIMBATORE-641103
<b>District</b>	COIMBATORE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9994561450
<b>Email</b>	PALASAMY1111@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	AQXPP2813P
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-7386504681
<b>Date of Birth</b>	15-05-1975
<b>Age</b>	49
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	MECHANICAL ENGINEERING	2000	GOVERNMENT COLLEGE OF ENGINEERING SALEM (AUTONOMOUS)	UNIVERSITY OF MADRAS	65	FIRST CLASS	
P.G.	M.TECH.	OTHERS - MANUFACTURING TECHNOLOGY	2008	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI	8.44	FIRST CLASS	
PH.D.	PH.D.	PRODUCTION ENGINEERING	2018	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI	HIGHLY QUALIFIED		

\* Upload Scanned copy of Original Degree Certificate.

**I.a. Additional Qualification :-** NO ADDITIONAL QUALIFICATION

Score :

File :

**II. Title of Ph.D. Thesis**

MACHINABILITY STUDIES ON INCOLOY 800H USING CARBIDE TOOLS

**III. Faculty in which Ph.D. was awarded**

FACULTY OF MECHANICAL ENGINEERING

**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
SRI KRISHNA COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	30-07-2014	05-08-2015	1	0	7
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-06-2001	19-05-2011	9	10	23
SURYA ENGINEERING COLLEGE	PROFESSOR	19-04-2022	26-01-2025	2	9	8
SURYA ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	15-07-2019	18-04-2022	2	9	4
GNANAMANI COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	15-06-2011	31-05-2014	2	11	16
<b>Total</b>				19	4	2

**V. Industrial Experience :**

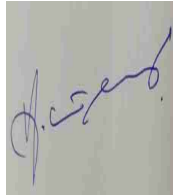
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

**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 :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	265662
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	MR. ARUN DAVIDSON D
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	79 ROCKMOUNT CITY, METTUKADAI
Line 2	ERODE 638112
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9600886912
<b>Email</b>	ARUNDAVIDSON14@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	APVPA8787Q
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328212
<b>Faculty code given by A.I.C.T.E.</b>	1-43378573748
<b>Date of Birth</b>	14-08-1990
<b>Age</b>	34
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	MECHANICAL ENGINEERING	2015	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.4	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2018	EXCEL COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.6	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	18-07-2022	26-01-2025	2	6	9
<b>Total</b>				<b>2</b>	<b>6</b>	<b>12</b>

**V. Industrial Experience :**

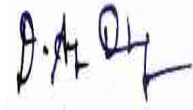
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

**VI. C.O.E. Appointment Experience :**


**Capacity at which service is extended for the conduct of Examination 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		

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

A handwritten signature in black ink, appearing to be 'D. A. Q. L.', is centered within a rectangular box.

**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	265768
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	MR. GOKUL L C
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	12B IRANIYAN STREET
Line 2	638002
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9600842846
<b>Email</b>	CG.EDU46@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	AYRPG4137B
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7142162
<b>Faculty code given by A.I.C.T.E.</b>	1-44033367407
<b>Date of Birth</b>	24-11-1983
<b>Age</b>	41
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	MECHANICAL ENGINEERING	2005	K S RANGASAMY COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	78	DISTINCT ION	
P.G.	M.E.	ENGINEERING DESIGN	2009	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	9.03	DISTINCT ION	

\* 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
TAMILNADU COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	11-06-2009	31-01-2023	13	7	20
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-02-2024	26-01-2025	0	11	26
<b>Total</b>				14	7	20

**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**



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
		1	125	

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



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	265994
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	MR. MAHADEVAN V
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	153,ATTHAPPA GOUNDEN PALAYAM,GOBI ROAD
Line 2	KUNNATHUR-638103
<b>District</b>	TIRUPPUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9095768029
<b>Email</b>	MAHAKONGU@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	DOUPM2435G
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7330112
<b>Faculty code given by A.I.C.T.E.</b>	1-7386928240
<b>Date of Birth</b>	07-04-1992
<b>Age</b>	32
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	MECHANICAL ENGINEERING	2014	NANDHA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	77.8	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2016	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	77.7	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-10-2017	26-01-2025	7	3	24
<b>Total</b>				<b>7</b>	<b>3</b>	<b>25</b>

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

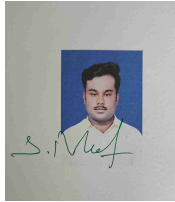
**VI. C.O.E. Appointment Experience :**  
**Capacity at which service is extended for the conduct of Exmination during the last year**



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)
6		1		

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

A handwritten signature in blue ink, appearing to read "V. H. H. H. H.", is centered within a rectangular box.

**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	266150
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	MR. MOULEE K P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	19/21, SECOND CROSS CUT STREET, SATHY ROAD
Line 2	KAVINDAPADI-638455
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9486941185
<b>Email</b>	MOULEEPARAMESWARAN007@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	ETHPM3794K
<b>Passport Number</b>	R4439814
<b>Faculty code given by C.O.E.</b>	7328235
<b>Faculty code given by A.I.C.T.E.</b>	1-44033609493
<b>Date of Birth</b>	18-04-1997
<b>Age</b>	27
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	MECHANICAL ENGINEERING	2018	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.09	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2023	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.92	DISTINCTION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-08-2023	26-01-2025	1	5	17
<b>Total</b>				<b>1</b>	<b>5</b>	<b>19</b>

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
BULL MACHINE PVT LTD	GRADUATE ENGINEER TRAINEE	PROCESS ANALYST	04-06-2018	18-02-2020	1	8	15
<b>Total</b>					<b>1</b>	<b>8</b>	<b>18</b>

**VI. C.O.E. Appointment Experience :**

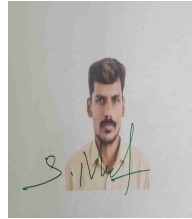
**Capacity at which service is extended for the conduct of Examination during the last year**



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)

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

**Signature of the Faculty :**

A handwritten signature in blue ink, appearing to read 'K. P. Nayak', is positioned within a rectangular box. The signature is written in a cursive style with a long horizontal stroke at the end.

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	266571
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	MR. PRABHU K R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	4/95 KOMAIYANVALASU KOVIL PALAYAM PO
Line 2	KANJI KOVIL
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9787169506
<b>Email</b>	PRABHUKONGUME@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	COHPP2098J
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328092
<b>Faculty code given by A.I.C.T.E.</b>	1-7386504866
<b>Date of Birth</b>	22-03-1989
<b>Age</b>	35
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	MECHANICAL ENGINEERING	2011	OTHERS - VINAYAKA MISSIONS UNIVERSITY	OTHERS - VINAYAKA MISSIONS UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2013	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.6	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	12-06-2013	26-01-2025	11	7	15
<b>Total</b>				<b>11</b>	<b>7</b>	<b>18</b>

**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 :**

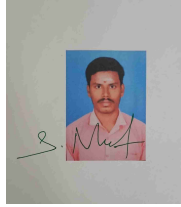
**Capacity at which service is extended for the conduct of Exmination during the last year**



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)
		2	300	

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

**Signature of the Faculty :**

A handwritten signature in blue ink, appearing to be 'R. A.', is located in the upper right corner of the signature box.

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	266684
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	MR. KAMALAKANNAN K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	396, SURIYAMPALAYAM,L M PALAPPALAYAM
Line 2	KAVINDAPADI-638455
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8072870866
<b>Email</b>	KAMALAKKANAN90MECH@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	DYVPK4020C
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7318177
<b>Faculty code given by A.I.C.T.E.</b>	1-7386928233
<b>Date of Birth</b>	01-06-1990
<b>Age</b>	34
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	MECHANICAL ENGINEERING	2011	SSM COLLEGE OF ENGINEERING	ANNA UNIVERSITY	6.97	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2014	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.53	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
MAHARAJA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	16-06-2014	31-10-2015	1	4	15
JKK MUNIRAJAH COLLEGE OF TECHNOLOGY (AUTONOMOUS)	OTHERS - LECTURER	14-07-2011	30-06-2012	0	11	18
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2016	26-01-2025	8	7	26
<b>Total</b>				11	0	0

**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**

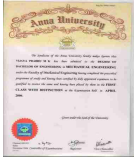

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		1	300	

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

A handwritten signature in blue ink, appearing to read 'S. K. Singh', is centered within a rectangular box. The signature is written in a cursive style.

**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	275535
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	MR. VIJAYA PRABHU M K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	15,MUNICIPAL COLONY ROAD 4,
Line 2	ERODE - 638004
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9842662962
<b>Email</b>	MKVIJAY@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AIXPV9422E
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44034217249
<b>Date of Birth</b>	07-06-1985
<b>Age</b>	39
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	MECHANICAL ENGINEERING	2006	GOVERNMENT COLLEGE OF ENGINEERING, ERODE	ANNA UNIVERSITY	80	DISTINCT ION	
P.G.	M.TECH.	OTHERS - TOOL ENGINEERING	2009	OTHERS - VISVESVARAYA TECHNOLOGICAL UNIVERSITY BELGAUM	OTHERS - VISVESVARAYA TECHNOLOGICAL UNIVERSITY BELGAUM	8.5	DISTINCT ION	

\* 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
BUILDERS ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	13-06-2014	30-09-2018	4	3	18
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-06-2010	10-05-2014	3	11	9
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2023	26-01-2025	1	7	26
<b>Total</b>				<b>9</b>	<b>10</b>	<b>28</b>

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
G PLAST	ASSISTANT MANAGER	NPD	05-10-2018	05-11-2019	1	1	1
KARNATAKA PLASCOM	ENGINEER	NPD	04-06-2008	31-01-2010	1	7	27
<b>Total</b>					<b>2</b>	<b>8</b>	<b>1</b>

**VI. C.O.E. Appointment Experience :**

**Capacity at which service is extended for the conduct of Examination 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)

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

**Signature of the Faculty :**



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	292686
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-CHEMISTRY
<b>Name of the faculty member</b>	DR. SIVAPRAKASH S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	PROFESSOR
<b>Residential Address</b> Line 1	145, INDIRA NAGAR, M. ANUMANPALLI
Line 2	ARACHALUR, ERODE-638101
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8903264743
<b>Email</b>	SIVAE BET@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BSIPS0611Q
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-43391667039
<b>Date of Birth</b>	10-05-1983
<b>Age</b>	41
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.SC.	OTHERS - CHEMISTRY	2004	OTHERS - CNC ERODE	BHARATHIYAR UNIVERSITY	55	SECOND CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2008	OTHERS - ERODE ARTS COLLEGE	BHARATHIYAR UNIVERSITY	64	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - CHEMISTRY	2012	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	65	FIRST CLASS	
PH.D.	PH.D.	CHEMISTRY	2018	OTHERS - BHARATHIYAR UNIVERSITY	BHARATHIYAR UNIVERSITY	YES		

\* Upload Scanned copy of Original Degree Certificate.

**I.a. Additional Qualification :-** NO ADDITIONAL QUALIFICATION

Score :

File :

**II. Title of Ph.D. Thesis**

KINETICS AND EQUILIBRIUM STUDY ON THE REMOVAL OF DYES AND HEAVY METALS FROM AQUA SOLUTION USING CAJANAS CAJAN STEM ACTIVATED CARBONFE3O4 MAGNETIC NANO COMPOSITE AND CAJANUS CAJAN STEM ACTIVATED CARBON

**III. Faculty in which Ph.D. was awarded**

FACULTY OF SCIENCE AND HUMANITIES

**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
BUILDERS ENGINEERING COLLEGE (AUTONOMOUS)	ASSOCIATE PROFESSOR	01-06-2019	13-05-2022	2	11	13
BUILDERS ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-06-2011	31-05-2019	7	11	30
SHREE VENKATESHWARA HI-TECH ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-06-2010	01-05-2011	0	11	1
EXCEL COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2009	30-05-2010	0	11	29
SURYA ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-04-2023	26-01-2025	1	9	26
<b>Total</b>				14	8	15

**V. Industrial Experience :**


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

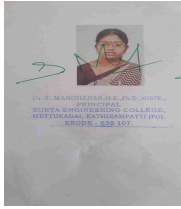
**VI. C.O.E. Appointment Experience :**





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)

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

Signature of the Faculty : 

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	275848
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-CHEMISTRY
<b>Name of the faculty member</b>	DR. VENNILA S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	3/463-1, BRINDHAA TOWER, KOOTTURAVU NAGAR FIRST CROSS
Line 2	THUDUPATHY POST, PERUNDURAI-638057
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9789381658
<b>Email</b>	BIOCHEMISTRY19EASC@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	AUTPV4185C
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44724056397
<b>Date of Birth</b>	15-06-1982
<b>Age</b>	42
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.SC.	OTHERS - BIOCHEMISTRY	2022	OTHERS - VELLALAR COLLEGE FOR WOMEN	BHARATHI YAR UNIVERSITY	76.95	DISTINCTION	
P.G.	M.SC.	OTHERS - BIOCHEMISTRY	2004	OTHERS - PSG COLLEGE OF ARTS AND SCIENCE	BHARATHI YAR UNIVERSITY	68.05	FIRST CLASS	
P.G.	OTHERS - MPhil	OTHERS - BIOCHEMISTRY	2008	OTHERS - BHARATHI DASAN UNIVERSITY	BHARATHI DASAN UNIVERSITY	78.8	DISTINCTION	
PH.D.	PH.D.	OTHERS - BIOCHEMISTRY	2015	OTHERS - PSG COLLEGE OF ARTS AND SCIENCE	BHARATHI YAR UNIVERSITY	YES		

\* Upload Scanned copy of Original Degree Certificate.

**I.a. Additional Qualification :-** NO ADDITIONAL QUALIFICATION

Score :

File :

**II. Title of Ph.D. Thesis**

INVITRO AND INVIVO STUDIES ON PROTECTIVE POTENTIAL OF MORINDA CITRIFOLIA FRUIT AGAINST DMBA INDUCED MAMMARY CARCINOGENESIS IN FEMALE SPARGUE DAWLEY RATS

**III. Faculty in which Ph.D. was awarded**

FACULTY OF SCIENCE AND HUMANITIES

**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
OTHERS - PCA COLLEGE OF ARTS	ASSISTANT PROFESSOR	13-06-2018	11-03-2019	0	8	29
OTHERS - ERODE ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	11-07-2019	29-02-2024	4	7	21
OTHERS - VIVEKANANDHA COLLEGE OF ARTS AND SCIENCE FOR WOMEN	ASSISTANT PROFESSOR	03-06-2016	07-10-2016	0	4	5
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2024	26-01-2025	0	6	26
<b>Total</b>				<b>6</b>	<b>3</b>	<b>23</b>

**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)

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

**Signature of the Faculty :**



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	293231
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-MATHEMATICS
<b>Name of the faculty member</b>	MR. SURESH M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	3/849, ANNAMALAYAR COMPLEX, KARUPANAR NAGAR, AGRAHARAM
Line 2	PALLIPAYAM, ERODE-638008
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8883099701
<b>Email</b>	MSURESH201@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	IRVPS3903J
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328198
<b>Faculty code given by A.I.C.T.E.</b>	1-7401934814
<b>Date of Birth</b>	10-06-1991
<b>Age</b>	33
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.SC.	OTHERS - MATHEMATICS	2011	OTHERS - SRI VASAVI COLLEGE	BHARATHIYAR UNIVERSITY	86	DISTINCTION	
P.G.	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2017	OTHERS - BHARQAT HIDASAN COLLEGE	BHARATHIYAR UNIVERSITY	61	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2014	OTHERS - SRI VASAVI COLLEGE	BHARATHIYAR UNIVERSITY	85	DISTINCTION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	18-12-2018	26-01-2025	6	1	9
<b>Total</b>				<b>6</b>	<b>1</b>	<b>9</b>

**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 Examination during the last year**





<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
----------------------------------	---	--	--	---

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



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	312218
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-PHYSICS
<b>Name of the faculty member</b>	DR. SURYA S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	RS PERUNDURAI, VELLODU VIA,
Line 2	ERODE
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8531845851
<b>Email</b>	SSURYA1602@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	KDQPS7409E
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44789441979
<b>Date of Birth</b>	02-03-1994
<b>Age</b>	31
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.SC.	OTHERS - PHYSICS	2014	OTHERS - NAVARASAM ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	82.1	DISTINCT ION	
P.G.	M.SC.	OTHERS - PHYSICS	2016	OTHERS - GOVERNMENT ARTS AND SCIENCE COLLEGE	BHARATHIDASAN UNIVERSITY	78.3	DISTINCT ION	
PH.D.	PH.D.	NANO SCIENCE AND TECHNOLOGY	2023	OTHERS - SRM UNIVERSITY	OTHERS - SRM UNIVERSITY	2023		
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - PHYSICS	2017	OTHERS - BHARATHIDHASAN UNIVERSITY	OTHERS - BHARATHIDHASAN UNIVERSITY	77.6	DISTINCT ION	

\* Upload Scanned copy of Original Degree Certificate.

**I.a. Additional Qualification :-** NO ADDITIONAL QUALIFICATION

Score :

File :

**II. Title of Ph.D. Thesis**

CREATININE AND 3AMINOPYRIDINE DRIVATIVE SINGLE CRYSTALS GROWTH ASPECTS AND CHARACTERIZATION FOR THIRD ORDER NONLINEAR APPLICATIONS

**III. Faculty in which Ph.D. was awarded**

FACULTY OF SCIENCE AND HUMANITIES

**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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-11-2024	27-01-2025	0	2	7
<b>Total</b>				0	2	8

**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 :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	314194
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-PHYSICS
<b>Name of the faculty member</b>	MRS. PONMANI S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	74,POOSARI VALASU,POLAVAKKALIPALAYAM
Line 2	GOBI-638076
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9095909990
<b>Email</b>	HONEYPONS@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BOTPP8964A
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328156
<b>Faculty code given by A.I.C.T.E.</b>	1-44738599654
<b>Date of Birth</b>	30-10-1984
<b>Age</b>	41
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.SC.	OTHERS - PHYSICS	2005	OTHERS - VELALAR ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	83	DISTINCT ION	
P.G.	OTHERS - M.PHIL	PHYSICS	2009	OTHERS - VINAYAKA MISSION	OTHERS - VINAYAKA MISSION UNIVERWITY	60	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2007	OTHERS - GOBI ARTS AND SCINCE COLLEGE	BHARATHIYAR UNIVERSITY	82	DISTINCT ION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-08-2017	31-01-2025	7	5	31
<b>Total</b>				<b>7</b>	<b>6</b>	<b>3</b>

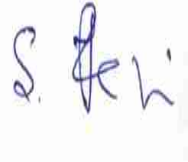
**V. Industrial Experience :**

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**




<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	260975
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-MATHEMATICS
<b>Name of the faculty member</b>	MRS. SHYAMALA G A
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	7/268,KASUKKARAN PALAYAM,THINGALUR
Line 2	ERODE 638055
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9750508644
<b>Email</b>	SHYAMALAMATHS@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	CLMPS7428B
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328048
<b>Faculty code given by A.I.C.T.E.</b>	1-412748133
<b>Date of Birth</b>	21-07-1981
<b>Age</b>	43
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.SC.	OTHERS - MATHEMATICS	2002	OTHERS - PKR ARTS COLLEGE	BHARATHIYAR UNIVERSITY	78.8	DISTINCTION	
P.G.	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2006	OTHERS - NAVARASAM ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	59	SECOND CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2004	OTHERS - NAVARASAM ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	73.3	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	30-07-2008	26-01-2025	16	5	28
OTHERS - NAVARASAM ARTS AND SCIENCE COLLEGE	OTHERS - LECTURER	06-06-2005	30-04-2008	2	10	25
<b>Total</b>				<b>19</b>	<b>4</b>	<b>25</b>

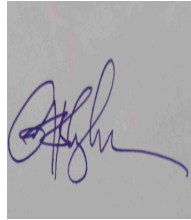
**V. Industrial Experience :**


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**

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated) 300</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	261180
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-TAMIL
<b>Name of the faculty member</b>	MRS. VANITHA R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	19,ANNA NAGAR, CHENNIMALAI ROAD,V.VELLODE
Line 2	ERODE 638112
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8754804960
<b>Email</b>	VANITHAMABET@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	AVMPV7522K
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328245
<b>Faculty code given by A.I.C.T.E.</b>	1-44724056485
<b>Date of Birth</b>	21-09-1989
<b>Age</b>	35
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.A.	OTHERS - TAMIL	2010	OTHERS - MVM GOVT WOMEN COLLEGE	MOTHER TERESA WOMEN'S UNIVERSITY	76	FIRST CLASS	
P.G.	OTHERS - M.A	OTHERS - TAMIL	2014	ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	57.4	SECOND 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	28-08-2023	26-01-2025	1	4	30
<b>Total</b>				<b>1</b>	<b>4</b>	<b>2</b>

**V. Industrial Experience :**

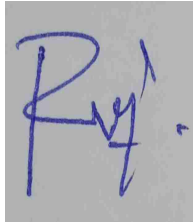
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

**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 :**

A handwritten signature in blue ink on a grey background. The signature is stylized and appears to be 'Raj'.

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	261467
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-ENGLISH
<b>Name of the faculty member</b>	MRS. MYTHILI K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	171/1, MUTHAMPALAYAM PHASE-2 , KASIPALAYAM
Line 2	ERODE 638009
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8883365581
<b>Email</b>	ENGLISHMYTHILI007@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	CZJPM3798R
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328240
<b>Faculty code given by A.I.C.T.E.</b>	1-7513845158
<b>Date of Birth</b>	07-04-1992
<b>Age</b>	32
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.A.	ENGLISH	2012	OTHERS - ERODE CHRISTIAN COLLEGE OF ARTS AND SCIENCE	BHARATHIYAR UNIVERSITY	63	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - ENGLISH	2016	OTHERS - NAVARASAM ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	55	SECOND CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2014	OTHERS - NAVARASAM ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	72	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	07-02-2019	26-01-2025	5	11	20
<b>Total</b>				<b>5</b>	<b>11</b>	<b>25</b>

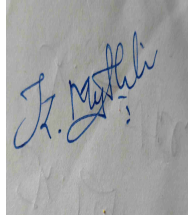
**V. Industrial Experience :**

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**




<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
		1	150	

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



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	269653
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-PHYSICS
<b>Name of the faculty member</b>	MRS. SAKTHINARMADHADEVI B
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	12, KALYANA SUNDARAM ST, MOLAGOUNDEN PALAYAM
Line 2	ERODE-638002
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8825993257
<b>Email</b>	SAKTHINARMADHA2708@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	ESZPB5121C
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7103179
<b>Faculty code given by A.I.C.T.E.</b>	1-44724056339
<b>Date of Birth</b>	27-08-1995
<b>Age</b>	29
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.SC.	OTHERS - PHYSICS	2016	OTHERS - NGM COLLEGE OF ARTS AND SCIENCE	BHARATHI YAR UNIVERSITY	86	DISTINCTION	
P.G.	M.SC.	OTHERS - PHYSICS	2018	OTHERS - NGM COLLEGE OF ARTS AND SCIENCE	BHARATHI YAR UNIVERSITY	80	DISTINCTION	
P.G.	OTHERS - M.PHIL	OTHERS - PHYSICS	2019	OTHERS - AVINASILINGAM UNIVERSITY	OTHERS - AVINASILINGAM UNIVERSITY	80	DISTINCTION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-06-2024	26-01-2025	0	7	24
<b>Total</b>				0	7	27

**V. Industrial Experience :**

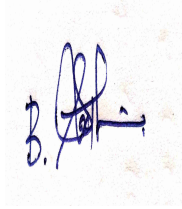
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

**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 :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	270867
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-CHEMISTRY
<b>Name of the faculty member</b>	MR. DHAMOTHARAN A
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	144, MARUDURAI, MARUDURAI PO, NATHAKKADAIYUR VIA
Line 2	KANGAYAM TK, 638108
<b>District</b>	TIRUPPUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9789470752
<b>Email</b>	DHAMUJAGAN@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BMRPD1724J
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328220
<b>Faculty code given by A.I.C.T.E.</b>	1-44048955329
<b>Date of Birth</b>	14-01-1986
<b>Age</b>	38
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.SC.	OTHERS - CHEMISTRY	2007	OTHERS - CHIKKIAH NAICKER COLLEGE	BHARATHIYAR UNIVERSITY	75	DISTINCTION	
P.G.	M.SC.	OTHERS - CHEMISTRY	2009	OTHERS - GANDHIGRAM RURAL UNIVERSITY	OTHERS - GANDHIGRAM RURAL UNIVERSITY	66	FIRST CLASS	
OTHERS - M. PHIL	OTHERS - M. PHIL	OTHERS - CHEMISTRY	2010	OTHERS - ERODE ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	65	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	25-04-2023	26-01-2025	1	9	2
BUILDERS ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	03-06-2013	06-04-2022	8	10	4
<b>Total</b>				10	7	10

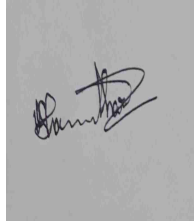
**V. Industrial Experience :**

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**




<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
6		2	250	

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



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	271801
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-CHEMISTRY
<b>Name of the faculty member</b>	MRS. GEETHA M P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	67/10A, GANESAN ILLAM, GEETHA NAGAR
Line 2	ERODE-638011
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9943957171
<b>Email</b>	GEETHAASVI@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	AIJPG3235A
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328044
<b>Faculty code given by A.I.C.T.E.</b>	1-7384614500
<b>Date of Birth</b>	23-11-1977
<b>Age</b>	47
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.SC.	OTHERS - CHEMISTRY	1998	OTHERS - GOBI ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	78.7	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - CHEMISTRY	2008	OTHERS - PERIYAR UNIVERSITY	PERIYAR UNIVERSITY	61.75	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2000	OTHERS - MAHARAJA COLLEGE FOR WOMEN	BHARATHIYAR UNIVERSITY	64.4	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	25-07-2011	26-01-2025	13	6	2
MAHARAJA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	11-09-2008	10-06-2010	1	8	30
OTHERS - MAHARAJA COLLEGE FOR WOMEN	OTHERS - LECTURER	01-08-2006	10-09-2008	2	1	10
<b>Total</b>				<b>17</b>	<b>4</b>	<b>14</b>

**V. Industrial Experience :**

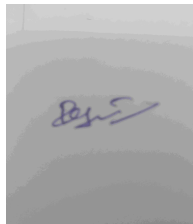
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

**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	225	

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



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	288095
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-MATHEMATICS
<b>Name of the faculty member</b>	MRS. GOWRI K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	79A, MURUGAN GARDEN, GNANIPALAYAM
Line 2	VELLODE, ERODE-638112
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9659434008
<b>Email</b>	MAILTOGOWRIKUPPUSAMY@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BCVPG4489B
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328037
<b>Faculty code given by A.I.C.T.E.</b>	1-424096209
<b>Date of Birth</b>	15-05-1985
<b>Age</b>	39
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.SC.	OTHERS - MATHEMATICS	2005	OTHERS - NAVARASAM ARTS AND SCIENCE COLLEGE	BHARATHI YAR UNIVERSITY	79	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2010	OTHERS - NAVARASAM ARTS AND SCIENCE COLLEGE	BHARATHI YAR UNIVERSITY	59	SECOND CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2007	OTHERS - VELALAR COLLEGE FOR WOMEN	BHARATHI YAR UNIVERSITY	84	DISTINCTION	

\* 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
OTHERS - KMC ARTS AND SCIENCE COLLEGE	OTHERS - LECTURER	25-07-2007	30-10-2010	3	3	6
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	18-11-2010	26-01-2025	14	2	9
<b>Total</b>				<b>17</b>	<b>5</b>	<b>17</b>

**V. Industrial Experience :**

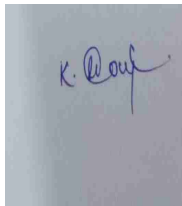
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


**VI. C.O.E. Appointment Experience :****Capacity at which service is extended for the conduct of Exmination during the last year**

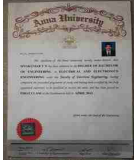

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
6			175	

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

**Signature of the Faculty :**



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	289743
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	B.E.-GENERAL ENGINEERING
<b>Name of the faculty member</b>	MR. SIVAKUMAR T N
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	40/1,T V PALAYAM
Line 2	PERUNDURAI-638052
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9003645799
<b>Email</b>	SIVAKUMARTN66@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	DBKPS6083K
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44724056333
<b>Date of Birth</b>	06-09-1991
<b>Age</b>	33
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2013	NANDHA COLLEGE OF TECHNOLOGY	ANNA UNIVERSITY	67.8	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2017	SURYA ENGINEERING COLLEGE	ANNA UNIVERSITY	77.7	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	16-09-2024	26-01-2025	0	4	11
<b>Total</b>				0	4	13

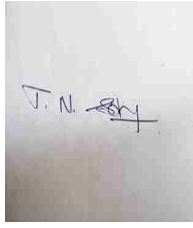
**V. Industrial Experience :**

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 :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	293439
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-PHYSICS
<b>Name of the faculty member</b>	MRS. POULINE S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	64/154, ANNAMALAI PILLAI ST
Line 2	ERODE-638001
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9514446395
<b>Email</b>	POULINE@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	FHCPP2686H
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328154
<b>Faculty code given by A.I.C.T.E.</b>	1-3587305543
<b>Date of Birth</b>	02-04-1984
<b>Age</b>	40
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.SC.	OTHERS - PHYSICS	2005	OTHERS - SAMI ARUL COLLEGE	BHARATH IDASAN UNIVERSITY	64	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - PHYSICS	2013	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	65	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2007	OTHERS - AVVM SRI PUSHPAM COLLEGE	BHARATH IDASAN UNIVERSITY	65	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-08-2017	26-01-2025	7	5	26
<b>Total</b>				<b>7</b>	<b>5</b>	<b>28</b>

**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**



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated) 125</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	302752
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	B.E.-GENERAL ENGINEERING
<b>Name of the faculty member</b>	MR. KAJITH RAJ R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	554/3, WEST STREET, SOUTH THITTANKULAM
Line 2	KOVILPATTI-628501
<b>District</b>	THOOTHUKUDI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9003458983
<b>Email</b>	JOHNKAJITHRAJ@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	IWIPK0758P
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-11307007158
<b>Date of Birth</b>	12-07-1997
<b>Age</b>	27
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	MECHANICAL ENGINEERING	2018	P.S.R. ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.3	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2020	P.S.R. ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.7	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-02-2022	26-01-2025	2	11	17
<b>Total</b>				<b>2</b>	<b>11</b>	<b>22</b>

**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.

A handwritten signature in blue ink that reads "R. Kojith Saji". The signature is written in a cursive style.

**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	290020
<b>Name of the Department</b>	MASTER OF BUSINESS ADMINISTRATION
<b>Name of the Degree &amp; Course</b>	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
<b>Name of the faculty member</b>	DR. RAMESHKUMAR C
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	52, UTHANDI PALAYAM,GANAPATHYPALAYAM
Line 2	ERODE-638153
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9976137012
<b>Email</b>	RAMESHC888@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AMTPR5316B
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-43392245228
<b>Date of Birth</b>	03-01-1982
<b>Age</b>	42
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.A.	OTHERS - ECONOMICS	2004	OTHERS - ERODE ARTS COLLEGE	BHARATHIYAR UNIVERSITY	65	FIRST CLASS	
P.G.	M.B.A.	HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT	2010	EXCEL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MANAGEMENT	2012	OTHERS - ERODE ARTS COLLEGE	BHARATHIYAR UNIVERSITY	60	FIRST CLASS	
PH.D.	PH.D.	MASTER OF BUSINESS ADMINISTRATION	2017	OTHERS - PERIYAR UNIVERSITY	PERIYAR UNIVERSITY	HIGHLY COMMENDED		

\* Upload Scanned copy of Original Degree Certificate.

**I.a. Additional Qualification :-** NO ADDITIONAL QUALIFICATION

Score :

File :

**II. Title of Ph.D. Thesis**

A STUDY ON IMPACT OF INFORMATION TECHNOLOGY IN HUMAN RESOURCE IN BANKING INDUSTRY WITH REFERENCE TO COIMBATORE REGION

**III. Faculty in which Ph.D. was awarded**

FACULTY OF MANAGEMENT

**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
SURYA ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	15-06-2022	26-01-2025	2	7	12
OTHERS - PERIYAR UNIVERSITY CONSTITUTE COLLEGE	ASSISTANT PROFESSOR	12-06-2017	17-03-2021	3	9	6
<b>Total</b>				<b>6</b>	<b>4</b>	<b>21</b>

**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 :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	294883
<b>Name of the Department</b>	MASTER OF BUSINESS ADMINISTRATION
<b>Name of the Degree &amp; Course</b>	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
<b>Name of the faculty member</b>	MR. SIVAKUMAR P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	8/192, CHENNANAICKANUR, ELAVAMALAI
Line 2	ERODE-638316
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9842795454
<b>Email</b>	PSIVABVN@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	BZQPS7403F
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-7400186195
<b>Date of Birth</b>	13-05-1988
<b>Age</b>	36
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	OTHERS - B.COM CA	OTHERS - COMMERCE	2008	OTHERS - SRI KANDHAN COLLEGE OF ARTS AND SCIENCE	PERIYAR UNIVERSITY	54	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2010	EXCEL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	74.4	FIRST CLASS	
P.G.	OTHERS - M.COM	OTHERS - COMMERCE	2014	OTHERS - PERIYAR INSTITUTE OF MANAGEMENT STUDIES	PERIYAR UNIVERSITY	59.3	SECOND CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - FINANCE	2011	OTHERS - PERIYAR INSTITUTE OF MANAGEMENT STUDIES	PERIYAR UNIVERSITY	8.2	DISTINCT ION	
OTHERS - PGDCA	OTHERS - PGDCA	OTHERS - COMPUTER APPLICATION	2009	OTHERS - IFC INFOTECH COMPUTER EDUCATION	ALAGAPPA UNIVERSITY	A	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	19-08-2017	26-01-2025	7	5	8
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-09-2014	10-07-2017	2	10	9
OTHERS - SRI GANESH SCHOOL OF BUSINESS MANAGEMENT	ASSISTANT PROFESSOR	01-02-2012	30-08-2014	2	6	28
<b>Total</b>				12	10	20

**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 :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	314050
<b>Name of the Department</b>	MASTER OF BUSINESS ADMINISTRATION
<b>Name of the Degree &amp; Course</b>	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
<b>Name of the faculty member</b>	MR. SAKTHIVEL K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	70C, EAST GANDHIPURAM
Line 2	KUMARAPALAYAM-638183
<b>District</b>	NAMAKKAL
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 6369771256
<b>Email</b>	SURESAKTHIVEL@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	FWHPS0963N
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44789441934
<b>Date of Birth</b>	19-03-1993
<b>Age</b>	32
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	OTHERS - B.COM CA	OTHERS - COMMERCE	2014	OTHERS - SRI VASAVI COLLEGE	BHARATHIYAR UNIVERSITY	69	FIRST CLASS	
P.G.	M.B.A.	OTHERS - HR MARKETING	2016	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	70	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	31-01-2025	31-01-2025	0	0	1
OTHERS - MAHENDRA ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	06-09-2021	26-06-2024	2	9	21
EXCEL BUSINESS SCHOOL	ASSISTANT PROFESSOR	03-06-2019	04-09-2021	2	3	2
<b>Total</b>				<b>5</b>	<b>0</b>	<b>25</b>



**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days



<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	314194
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-PHYSICS
<b>Name of the faculty member</b>	MRS. PONMANI S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	74,POOSARI VALASU,POLAVAKKALIPALAYAM
Line 2	GOBI-638076
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9095909990
<b>Email</b>	HONEYPONS@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BOTPP8964A
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328156
<b>Faculty code given by A.I.C.T.E.</b>	1-44738599654
<b>Date of Birth</b>	30-10-1984
<b>Age</b>	41
<b>I. Particulars of Educational Qualification : (only completed)</b>	

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	259908
<b>Name of the Department</b>	MASTER OF BUSINESS ADMINISTRATION
<b>Name of the Degree &amp; Course</b>	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
<b>Name of the faculty member</b>	MS. KARTHIPRIYA S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	5/30, OLLAKATTUPATHI, K G VALASU POST, CHENNIMALAI, ERODE
Line 2	ERODE-638051
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9488376559
<b>Email</b>	VEL.KARTHIPRIYA97@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	NTUPS0661F
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328185
<b>Faculty code given by A.I.C.T.E.</b>	1-9476195708
<b>Date of Birth</b>	30-05-1997
<b>Age</b>	27
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.B.A.	BUSINESS ADMINISTRATION	2017	OTHERS - NAVARASAM ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	64	FIRST CLASS	
P.G.	M.B.A.	HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT	2020	M.P.NACHIMUTHU M.JAGANTHAN ENGINEERING COLLEGE	ANNA UNIVERSITY	7.23	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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	18-12-2020	26-01-2025	4	1	9
<b>Total</b>				<b>4</b>	<b>1</b>	<b>9</b>

**V. Industrial Experience :**

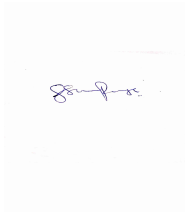
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

**VI. C.O.E. Appointment Experience :**

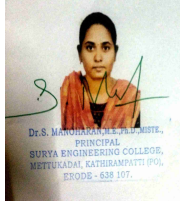
**Capacity at which service is extended for the conduct of Examination during the last year**



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)

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



**Signature of the Faculty :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	261300
<b>Name of the Department</b>	MASTER OF BUSINESS ADMINISTRATION
<b>Name of the Degree &amp; Course</b>	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
<b>Name of the faculty member</b>	MRS. RENUKA DEVI S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	200/3, KAMALA NAGAR, KARUNKALPALAYAM
Line 2	ERODE 638004
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 7806968876
<b>Email</b>	RENUKADEVISELVAM2000@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	EUOPR7164A
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328223
<b>Faculty code given by A.I.C.T.E.</b>	1-44562847954
<b>Date of Birth</b>	01-01-2000
<b>Age</b>	24
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.B.A.	BUSINESS ADMINISTRATION	2020	OTHERS - SRI VASAVI COLLEGE	BHARATHIYAR UNIVERSITY	79	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2022	SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	87	DISTINCTION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-01-2023	26-01-2025	2	0	25
<b>Total</b>				<b>2</b>	<b>0</b>	<b>25</b>

**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 :**

<b>Name of the College</b>	7328 - SURYA ENGINEERING COLLEGE
<b>Faculty ID</b>	305976
<b>Name of the Department</b>	MASTER OF BUSINESS ADMINISTRATION
<b>Name of the Degree &amp; Course</b>	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
<b>Name of the faculty member</b>	MRS. BIRUNTHA A
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	33 THIRUVALLUVAR STRRET , SURAMPATTI
Line 2	ERODE 638009
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8883306789
<b>Email</b>	BIRUNTHAANBAZHAGAN@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BSTPB1117R
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	7328267
<b>Faculty code given by A.I.C.T.E.</b>	1-7400186288
<b>Date of Birth</b>	09-09-1991
<b>Age</b>	33
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.SC.	OTHERS - INFORMATION TECHNOLOGY	2011	NANDHA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	97	DISTINCTION	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2013	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	94	DISTINCTION	

\* 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
SURYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-12-2018	26-01-2025	6	1	24
<b>Total</b>				<b>6</b>	<b>1</b>	<b>24</b>

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

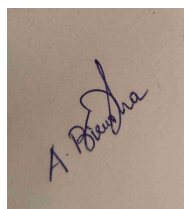
**VI. C.O.E. Appointment Experience :**

**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 :**

A handwritten signature in blue ink on a light brown background. The signature appears to be "A. B. Dha" written in a cursive style.