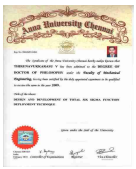
Anna University, Chennai
Sri Balaji Chockalingam Engineering College - 5127

13. Faculty

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	DR. THIRUNAVUKKARASU V
Regular Or Adjunct	Regular
Image	
Present Designation	PRINCIPAL
Residential Address Line 1	12,PSG LAY-OUT, KALAPATTI ROAD
Line 2	COIMBATORE-641048
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9843099201
Email	ARASUCIT@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AGWPT4036D
Passport Number	
Aadhar Number	483912093726
Faculty code given by C.O.E.	5127240
Faculty code given by A.I.C.T.E.	13545596924
Date of Birth	12-02-1968
Age	56
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	1993	COIMBATORE INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	1993	FIRST CLASS	
P.G.	M.E.	PRODUCTION ENGINEERING	2004	P S G COLLEGE OF TECHNOLOGY (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	8.2	FIRST CLASS	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2009	P S G COLLEGE OF TECHNOLOGY (AUTONOMOUS)	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	DESIGN AND DEVELOPMENT OF TOTAL SIX SIGMA FUNCTION DEPLOYMENT TECHNIQUE
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
OTHERS - ARCHANA COLLEGE OF ENGINEERING	PRINCIPAL	30-07-2015	12-02-2016	0	6	14
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PRINCIPAL	17-02-2017	29-05-2024	7	3	11
VISHNU LAKSHMI COLLEGE OF ENGINEERING AND TECHNOLOGY	PRINCIPAL	15-07-2013	06-05-2014	0	9	23
OTHERS - MOUNT ZION INSTITUTE OF TECHNOLOGY	PRINCIPAL	15-02-2016	15-02-2017	1	0	1
COIMBATORE INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	OTHERS - LECTURER	08-06-2005	01-06-2007	1	11	24
OTHERS - VEL TECH UNIVERSITY	PROFESSOR	08-05-2014	25-07-2015	1	2	18
PARK COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	04-06-2007	01-06-2010	2	11	28
DR NALLINI INSTITUTE OF ENGINEERING AND TECHNOLOGY	PRINCIPAL	03-06-2010	13-07-2013	3	1	11
MAHARAJA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-02-2004	06-06-2005	1	4	5
			Total	20	3	18

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
EIFCO MACHINES TOOLS	ASST ENGINEER	PRODUCTION AND R AND D	01-04-1994	31-03-2000	5	11	30
				Total	5	11	4

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	DR. MADHAVI C
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	144, 4TH NORTH CROSS STREET, ANNAMALAI NAGAR
Line 2	ANNAMALAI NAGAR
District	CUDDALORE
Telephone number	-
Mobile number	+91 - 9443412943
Email	CEEYEMIN@YAHOO.COM
Gender	FEMALE
Community	BC
PAN Number	ACMPM0680Q
Passport Number	
Aadhar Number	222396930916
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	08-05-1960
Age	64
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	1980	ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	65	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	1982	ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	72	FIRST CLASS	
PH.D.	PH.D.	BUSINESS ADMINISTRATION	2000	ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	CONSUMERS PERCEPTION OF PRODUCT VALUE WITH REFERENCE TO CONSUMER DURABLES
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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	30-03-2022	29-05-2024	2	1	31
OTHERS - DR MGR UNIVERSITY	PROFESSOR	18-08-2021	29-03-2022	0	7	12
ANNAMALAI UNIVERSITY	PROFESSOR	17-07-1985	30-06-2020	34	11	15
			Total	37	8	2

V. Industrial Experience :	

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

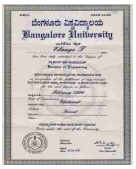
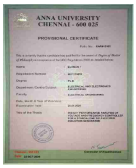
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	DR. ELANGO T
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	34, JAYALAKSHMI NAGAR
Line 2	ARNI-632301
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9894978006
Email	TELANGO_ARNI@YAHOO.CO.IN
Gender	MALE
Community	MBC
PAN Number	AAJPE0878M
Passport Number	
Aadhar Number	971222758452
Faculty code given by C.O.E.	5127026
Faculty code given by A.I.C.T.E.	1495342693
Date of Birth	29-05-1974
Age	49
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	1996	OTHERS - GHOUSIA COLLEGE OF ENGENEERING	OTHERS - BANGALORE UNIVERSITY	55	SECOND CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2001	OTHERS - DR MGR ENGINEERING COLLEGE	UNIVERSITY OF MADRAS	72	FIRST CLASS	
PH.D.	PH.D.	ELECTRICAL ENGINEERING	2020	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	INSIGHT PERFORMANCE ANALYSIS OF VOLTAGE AND FREQUENCY CONTROLLER FOR STAND ALONE SELF EXCITED INDUCTION GENERATOR
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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	28-10-2020	02-06-2023	2	7	6
OTHERS - KUMARAN POLTECHNIC	OTHERS - LECTURER	06-06-1999	07-08-2000	1	2	2
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	OTHERS - LECTURER	03-12-2001	31-07-2005	3	7	29
OTHERS - DR MGR POLYTECHNIC	OTHERS - LECTURER	02-12-1996	05-06-1999	2	6	4
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-08-2005	30-06-2013	7	10	31
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-07-2013	27-10-2020	7	3	27
			Total	25	2	11

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	5	3	300	20

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

Signature of the Faculty :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	DR. SELVAM K
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	28A SHREE LAKSHMI AVENUE, MANGADU, CHENNAI
Line 2	CHENNAI
District	CHENNAI
Telephone number	-
Mobile number	+91 - 9840724613
Email	SELWAM2000@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BECPS7342A
Passport Number	
Aadhar Number	829053220823
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	14496579337
Date of Birth	27-05-1977
Age	47
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - COMPUTER SCIENCE	1997	OTHERS - AVVM SRI PUSHPAM COLLEGE	MADURAI KAMARAJ UNIVERSITY	69	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2003	OTHERS - BHARATHIDASAN UNIVERSITY	BHARATHIDASAN UNIVERSITY	69	FIRST CLASS	
PH.D.	PH.D.	COMPUTER APPLICATIONS	2011	OTHERS - DR MRG EDUCATIONAL AND RESEARCH INSTITUTE	OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE	COMPLETED		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	FINGER PRINT AND FACE IMAGE RECOGNITION
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
OTHERS - DR MGR EDUCATIONAL RESEARCH INSTITUTE	PROFESSOR	25-08-2004	28-02-2017	12	6	7
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	01-03-2017	29-05-2024	7	2	29
			Total	19	9	10

V. Industrial Experience :	

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
SSI LTD NAGAPATTINAM	SOFTWARE ENGINEER	INSTRUCTOR	01-11-1997	31-07-1999	1	8	30
LANDMARK INFOTECH SYSTEM AND SOLUTION LTD	TRAINER	CORPORATE TRAINER	01-08-1999	31-08-2003	4	0	31
				Total	5	9	4

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 :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	DR. KANDASAMY V
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	3/1303, RAJA STREET, SV NAGARAM
Line 2	ARNI
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9842363361
Email	KANDASAMY.SBC@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BZDPK5074M
Passport Number	
Aadhar Number	660171076784
Faculty code given by C.O.E.	5127022
Faculty code given by A.I.C.T.E.	1495447847
Date of Birth	10-05-1977
Age	47
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - COMPUTER SCIENCE	1998	OTHERS - ADHIPARASAKTHI COLLEGE OF SCIENCE	UNIVERSITY OF MADRAS	67	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2000	ARULMIGU MEENAKSHI AMMAN COLLEGE OF ENGINEERING	UNIVERSITY OF MADRAS	66	FIRST CLASS	
PH.D.	PH.D.	OTHERS - MANAGEMENT	2022	OTHERS - BHARATHIAR UNIVERSITY	BHARATHIYAR UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	EFFECTIVENESS OF PERFORMANCE APPRAISAL AND ITS IMPACT ON EMPLOYEE RETENTION A STUDY WITH REFERENCE TO IT EMPLOYEES CHENNAI CITY
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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	29-10-2022	29-05-2024	1	7	1
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	27-07-2009	28-10-2022	13	3	2
OTHERS - DR MGR UNIVERSITY	OTHERS - LECTURER	10-01-2007	25-07-2009	2	6	16
			Total	17	4	22

V. Industrial Experience :

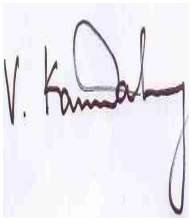
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
SCORPIO INDUSTRIES LTD	MARKETING EXECUTIVE	MARKETING	01-09-2000	30-03-2002	1	6	29
				Total	1	6	1

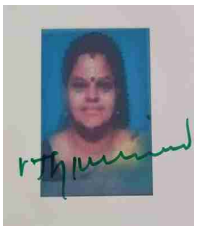
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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	6			

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

Signature of the Faculty :



Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	DR. ANBUKKARASI G
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	35, PERUMAL KOVIL STREET, WALAJA
Line 2	RANIPET
District	RANIPET
Telephone number	-
Mobile number	+91 - 9597437640
Email	ANBULAK.07@GMAIL.CO
Gender	FEMALE
Community	BC
PAN Number	BZXPA4266R
Passport Number	
Aadhar Number	970476731700
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143823367244
Date of Birth	23-07-1984
Age	40
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - CHEMISTRY	2004	OTHERS - GOVT THIRUMAGAL MILLS COLLEGE	UNIVERSITY OF MADRAS	68	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2006	OTHERS - D G VAISHNAV COLLEGE	UNIVERSITY OF MADRAS	63	FIRST CLASS	
PH.D.	PH.D.	CHEMISTRY	2021	OTHERS - MUTHURANGAM GOVT ARTS COLLEGE	THIRUVALLUVAR UNIVERSITY	75		
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - CHEMISTRY	2009	OTHERS - PACCHAIYAPPAS COLLEGE	UNIVERSITY OF MADRAS	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	ADSORPTION AND BIO ADSORPTION OF LEATHER TANNERY EFFLUENTS USING METAL CHLORIDES AND MICRO ORGANISMS
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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	05-12-2022	06-02-2024	1	2	2
			Total	1	2	3

V. Industrial Experience :

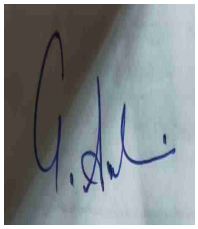
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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 :



Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	DR. GUNASEKARAN G
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	PLOT NO. 68-69, VAIKASI STREET
Line 2	CHINMAYA NAGAR, VIRUGAMBAKKAM,
District	CHENNAI
Telephone number	-
Mobile number	+91 - 7904614872
Email	GUNAGURU@YAHOO.COM
Gender	MALE
Community	BC
PAN Number	AKCPG2129A
Passport Number	
Aadhar Number	215479224516
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	30-05-1965
Age	59
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	1989	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2001	OTHERS - JADAVPUR UNIVERSITY	OTHERS - JADAVPUR UNIVERSITY	68	FIRST CLASS	
PH.D.	PH.D.	DATA SCIENCE	2009	OTHERS - JADAVPUR UNIVERSITY	OTHERS - JADAVPUR UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	BIO INFORMATICS FOR DISEASE ASSOCIATED WITH BONE MARROW DEPRESSION
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
V R S COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	28-06-1996	05-06-2001	4	11	8
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	25-05-2023	30-01-2024	0	8	6
MEENAKSHI COLLEGE OF ENGINEERING	PROFESSOR	24-02-2010	06-02-2018	7	11	11
OTHERS - DR MGR UNIVERSITY	ASSISTANT PROFESSOR	10-01-2004	28-10-2005	1	9	19
J N N INSTITUTE OF ENGINEERING (AUTONOMOUS)	PROFESSOR	07-02-2018	19-04-2021	3	2	13
SRI RAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	06-06-2001	09-01-2004	2	7	4
TAGORE ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-11-2005	29-08-2006	0	9	29
PANIMALAR ENGINEERING COLLEGE (AUTONOMOUS)	PROFESSOR	01-08-2007	30-06-2009	1	10	31
EASWARI ENGINEERING COLLEGE (AUTONOMOUS)	PROFESSOR	01-07-2009	23-02-2010	0	7	23
			Total	24	6	1

V. Industrial Experience :

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

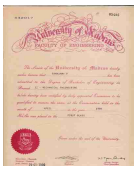
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. RAMASAMY P
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	3/45 MOTTUR VILLAGE, KOVILPURAIYUR POST
Line 2	GINGEE TAULK
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 9894665365
Email	RAMASAMY3M@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AMAPR3167K
Passport Number	
Aadhar Number	798022246789
Faculty code given by C.O.E.	5127015
Faculty code given by A.I.C.T.E.	1495447835
Date of Birth	05-01-1976
Age	47
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	1998	THANTHAI PERIYAR GOVERNMENT INSTITUTE OF TECHNOLOGY	UNIVERSITY OF MADRAS	70	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2003	MADRAS INSTITUTE OF TECHNOLOGY CHROMPET	ANNA UNIVERSITY	83.77	FIRST CLASS	
PH.D.	PH.D.	MANUFACTURING ENGINEERING	2014	COLLEGE OF ENGINEERING GUINDY	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	DROP IMPACT DAMAGE ASSESSMENT OF GLASS FIBRE REINFORCED POLYMER COMPOSITE THROUGH DAMAGE TOLERANCE METHOD USING ACOUSTIC EMISSION AND ULTRASONIC TECHNIQUES
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
THANTHAI PERIYAR GOVERNMENT INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	15-07-2003	09-07-2004	0	11	26
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	14-07-2014	02-06-2023	8	10	20
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	12-07-2004	31-05-2006	1	10	20
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-06-2006	13-07-2014	8	1	13
			Total	19	10	25

V. Industrial Experience :

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

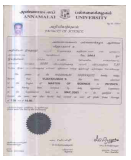
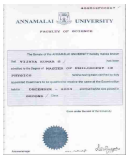
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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	1	4	2	1

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

Signature of the Faculty :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	DR. VIJAYAKUMAR S
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	186 GANDHI NAGAR, KONDASAMUTHIRAM
Line 2	GUDIYATHAM
District	VELLORE
Telephone number	-
Mobile number	+91 - 9095159152
Email	SUBRAMANI_VIJAYAKUMAR@YAHOO.COM
Gender	MALE
Community	BC
PAN Number	AKZPV1449D
Passport Number	
Aadhar Number	953750286326
Faculty code given by C.O.E.	5127037
Faculty code given by A.I.C.T.E.	1495482909
Date of Birth	16-05-1980
Age	44
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - PHYSICS	2000	OTHERS - GOVT THIRUMAGAL MILLS ARTS COLLEGE	UNIVERSITY OF MADRAS	60	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2003	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	70	FIRST CLASS	
PH.D.	PH.D.	PHYSICS	2017	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	Y		
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - PHYSICS	2004	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	53	SECOND CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	X RAY CRYSTALLOGRAPHIC AND MOLECULAR DOCKING STUDIES ON SOME ORGANIC COMPOUNDS OF MEDINICAL IMPORTANCE
III. Faculty in which Ph.D. was awarded	OTHERS
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 BALAJI CHOCKALINGAM ENGINEERING COLLEGE	OTHERS - LECTURER	12-11-2008	30-10-2010	1	11	18
OTHERS - GTM ARTS AND SCIENCE COLLEGE	OTHERS - LECTURER	06-10-2003	07-10-2008	5	0	2
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	03-07-2017	06-02-2024	6	7	4
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-11-2010	30-06-2013	2	7	30
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-07-2013	30-06-2017	3	11	31
			Total	20	2	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)
4	5	2	300	50

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

Signature of the Faculty :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	DR. VIJAYAKANTHAN K
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	NO.3, PERUMAL KOIL STREET , KATTERI VILLAGE, SV NAGARAM,ARNI
Line 2	ARNI,632317
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9597557474
Email	VIJAYAKANTHANK@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ANUPV7278E
Passport Number	
Aadhar Number	366046878724
Faculty code given by C.O.E.	5127244
Faculty code given by A.I.C.T.E.	13542642448
Date of Birth	27-05-1985
Age	39
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2007	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.TECH.	OTHERS - APPLIED ELECTRONICS	2010	OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE	OTHERS - DR MGR UNIVERSITY	9.13	DISTINCTION	
PH.D.	PH.D.	VLSI DESIGN	2020	OTHERS - DR MGR UNIVERSITY	OTHERS - DR MGR UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	DESIGN AND IMPLEMENTATION OF HIGH THROUGHPUT MULTI RADIX FAST FOURIER TRANSFORM FOR LTEADVANCED MIMO APPLICATION
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
OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE	ASSISTANT PROFESSOR	16-06-2010	31-05-2017	6	11	15
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	05-01-2021	29-05-2024	3	4	25
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2017	04-01-2021	3	7	4
			Total	13	11	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)
6		2	125	75

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

Signature of the Faculty :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	DR. MANONMANI V
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	24/14 A, THIRUVALLUVAR STREET
Line 2	METHA NAGAR, AMINJIKARAI
District	CHENNAI
Telephone number	-
Mobile number	+91 - 8667417127
Email	GSYAZHINI2712@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AGUPV0202L
Passport Number	
Aadhar Number	769179167213
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	17562554947
Date of Birth	12-08-1976
Age	48
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND INSTRUMENTATION ENGINEERING	1997	TAMILNADU COLLEGE OF ENGINEERING	BHARATHIYAR UNIVERSITY	55	SECOND CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	1999	COIMBATORE INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	65	FIRST CLASS	
PH.D.	PH.D.	ELECTRONICS ENGINEERING	2014	OTHERS - SATHYABAMA UNIVERSITY	OTHERS - SATHYABAMA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	A NOVEL MAGNETO FLUORESCENT BIOSENSOR FOR THE ISOLATION AND DETECTION OF PATHOGENIC BACTERIA IN FOOD
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
JAYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	30-07-2000	30-04-2007	6	9	2
JAGANNATH INSTITUTE OF TECHNOLOGY	PROFESSOR	13-08-2019	06-08-2021	1	11	25
A K T MEMORIAL COLLEGE OF ENGINEERING AND TECHNOLOGY	PROFESSOR	13-08-2018	06-05-2019	0	8	25
OTHERS - SATHYABAMA UNIVERSITY	ASSISTANT PROFESSOR	09-07-2007	30-04-2016	8	9	23
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	06-07-2022	29-05-2024	1	10	24
OTHERS - GOLDEN VALLEY INTEGRATED CAMPUS ANGALLUMADANAPALLE	PROFESSOR	01-07-2016	30-07-2018	2	0	30
			Total	22	3	12

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 :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	DR. DHARANI S
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	11, BUDDHA STREET
Line 2	KODAMPAKKAM, CHENNAI-24
District	CHENNAI
Telephone number	-
Mobile number	+91 - 9543919066
Email	SD_MTECH@YAHOO.COM
Gender	FEMALE
Community	BC
PAN Number	AJOPD4685P
Passport Number	
Aadhar Number	381834314243
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	14629872524
Date of Birth	28-07-1979
Age	45
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2001	OTHERS - BHARATHIDASAN UNIVERSITY	BHARATHIDASAN UNIVERSITY	70	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2002	OTHERS - SASTRA UNIVERSITY	OTHERS - SASTRA UNIVERSITY	7.69	FIRST CLASS	
PH.D.	PH.D.	COMPUTER SCIENCE AND ENGINEERING	2015	OTHERS - STPETERS UNIVERSITY	OTHERS - STPETERS UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	AN OPTIMIZED PARTITION ALGORITHM FOR MINING FREQUENT PATTERENS IN MASSIVE DATA SETS
III. Faculty in which Ph.D. was awarded	OTHERS
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 - DR MGR UNIVERSITY	ASSISTANT PROFESSOR	18-02-2004	20-04-2017	13	2	3
OTHERS - SHANMUGA DEEMED UNIVERSITY	OTHERS - LECTURER	17-06-2002	23-01-2004	1	7	7
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	10-01-2018	21-06-2023	5	5	12
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	03-01-2024	29-05-2024	0	4	27
			Total	20	7	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)

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

Signature of the Faculty :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	DR. ILAIYA KUMAR I
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	GUNDALAPALLI VILL, KOKALUR POST
Line 2	PERNAMBUT, 635810
District	VELLORE
Telephone number	-
Mobile number	+91 - 9629988073
Email	ILAIYA1486@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	AMFPI6531B
Passport Number	
Aadhar Number	681971686737
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	25-06-1986
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.A.	ENGLISH	2010	OTHERS - VOORHEES COLLEGE	THIRUVALLUVAR UNIVERSITY	50	SECOND CLASS	
P.G.	OTHERS - M.A.	OTHERS - ENGLISH	2013	OTHERS - THIRUVALLUVAR UNIVERSITY	THIRUVALLUVAR UNIVERSITY	60	FIRST CLASS	
PH.D.	PH.D.	ENGLISH	2018	OTHERS - THIRUVALLUVAR UNIVERSITY	THIRUVALLUVAR UNIVERSITY	75		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	THE FRACTURED PSYCHE OF MODERN MEN A CRITIQUE OF ARUN JOSHS NOVELS
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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	05-12-2022	05-02-2024	1	2	1
			Total	1	2	2

V. Industrial Experience :

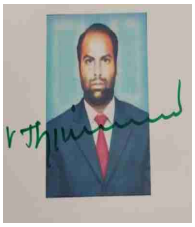
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

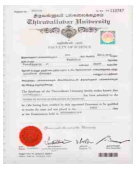
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	DR. GOVINDARAJ C
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	MASTHIGANOOR VILL,KANDAPPANAYANAPALLI POST
Line 2	BARUGUR,635104
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9944331147
Email	GSHCHEMISTRY@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BVMPG9707J
Passport Number	
Aadhar Number	473167090843
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143831968850
Date of Birth	16-04-1981
Age	43
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - CHEMISTRY	2004	OTHERS - ISLAMIAH COLLEGE	UNIVERSITY OF MADRAS	59.9	SECOND CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2007	OTHERS - ISLAMIAH COLLEGE	THIRUVALLUVAR UNIVERSITY	61.2	FIRST CLASS	
PH.D.	PH.D.	CHEMISTRY	2018	OTHERS - MANONMANIAM SUNDARNAR UNIVERSITY UNIVERSITY	MANOMANIAM SUNDARNAR UNIVERSITY	75		
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - CHEMISTRY	2010	OTHERS - ISLAMIAH COLLEGE	THIRUVALLUVAR UNIVERSITY	62.6	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	ONE POT SYNTHESIS AND BIOLOGICAL APPLICATIONS OF PYRIMIDINE BASED DIAZEPINE DERIVATIVES AND NAPHTHALENE BASED QUINOXALINE DERIVATIVES
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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	07-11-2022	06-02-2024	1	2	30
			Total	1	2	1

V. Industrial Experience :

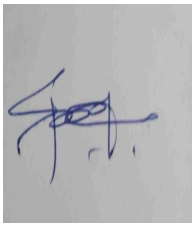
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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 :



Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	DR. VENKATARATHINAM R
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	50, SECOND CROSS STREET, DEVI NAGAR
Line 2	ARCOT
District	VELLORE
Telephone number	-
Mobile number	+91 - 9360220954
Email	VENKATIT5555@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AGNPV1239K
Passport Number	
Aadhar Number	880756220921
Faculty code given by C.O.E.	5127127
Faculty code given by A.I.C.T.E.	1495548087
Date of Birth	13-12-1954
Age	70
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	OTHERS - AMIE	OTHERS - ECE	1990	OTHERS - THE INSTITUTION OF ENGG	OTHERS - THE INSTITUTION OF ENGG	61	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	1999	OTHERS - SRM ENGG COLLEGE	UNIVERSITY OF MADRAS	62	SECOND CLASS	
PH.D.	PH.D.	COMPUTER SCIENCE AND ENGINEERING	2022	OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE	OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	DESIGN AND ANALYSIS OF OPTIMAL FEATURE SELECTION ALGORITHM USING MACHINE LEARNING METHODS FOR INTRUSION DETECTION SYSTEM
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
HINDUSTHAN COLLEGE OF ENGINEERING AND TECHNOLOGY(AUTONOMOUS)	OTHERS - LECTURER	25-10-1990	06-08-1997	6	9	13
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	20-12-2001	31-05-2005	3	5	12
HINDUSTHAN COLLEGE OF ENGINEERING AND TECHNOLOGY(AUTONOMOUS)	OTHERS - SR LECTURER	07-01-1999	30-11-2001	2	10	25
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	01-06-2005	29-05-2024	18	11	29
			Total	32	1	21

V. Industrial Experience :

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

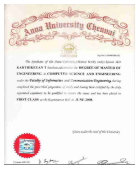
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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 :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. KARTHIKEYAN T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	29, PAPPATHI AMMAN KOIL STREET
Line 2	ARNI-632301
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9843504380
Email	HODCSESBCEC@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BYGPK8429J
Passport Number	
Aadhar Number	215415546037
Faculty code given by C.O.E.	5127009
Faculty code given by A.I.C.T.E.	1495548155
Date of Birth	01-10-1979
Age	45
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	COMPUTER SYSTEMS AND DESIGN	2001	OTHERS - DR MGR CHOCKALINGAM ARTS COLLEGE	UNIVERSITY OF MADRAS	72	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2008	S K P ENGINEERING COLLEGE	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2004	OTHERS - DG VAISHNAVA COLLEGE	UNIVERSITY OF MADRAS	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
OTHERS - SHANMUGA INDUSTRIES ARTS AND SCIENCE	OTHERS - LECTURER	20-06-2008	30-06-2009	1	0	11
OTHERS - SHANMUGA INDUSTRIES ARTS AND SCIENCE	OTHERS - LECTURER	20-06-2005	30-06-2006	1	0	11
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2009	28-02-2021	11	7	31
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-03-2021	30-01-2024	2	10	30
			Total	16	7	26

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		

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

Signature of the Faculty :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	DR. RAJESH G M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	45B, CHETTIYAPPAN NAGAR, MATHUR, POCHAMPALLI TK,
Line 2	KRISHNAGIRI,635203
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 8973660604
Email	RAJESH91909@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	EZMPR8858G
Passport Number	
Aadhar Number	661254520786
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143831968411
Date of Birth	10-06-1991
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - PHYSICS	2011	OTHERS - GOVT ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSITY	73.4	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2014	OTHERS - RKM VIVEKANANDA COLLEGE	UNIVERSITY OF MADRAS	68.7	FIRST CLASS	
PH.D.	PH.D.	PHYSICS	2022	OTHERS - RKM VIVEKANANDA COLLEGE	UNIVERSITY OF MADRAS	75		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	MOLECULAR ASSOCIATION STUDIES ON ADVANCED MATERIALS
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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	05-12-2022	06-02-2024	1	2	2
			Total	1	2	3

V. Industrial Experience :

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

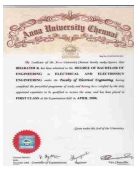
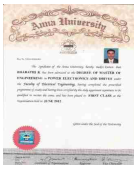
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. BHARATHI K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	75/2-BAJANAI KOIL STREET, IRUMBEDU
Line 2	ARNI-632317
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9500231159
Email	K.BHARATH83@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BXWPB7575F
Passport Number	
Aadhar Number	387605052018
Faculty code given by C.O.E.	5127034
Faculty code given by A.I.C.T.E.	11471211841
Date of Birth	09-06-1982
Age	41
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2008	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	66	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2012	ARUNAI ENGINEERING COLLEGE	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-07-2012	02-06-2023	10	11	1
			Total	10	11	6

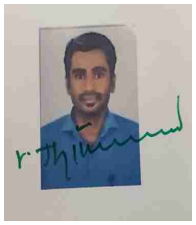
V. Industrial Experience :

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)
10	1	2	300	10

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

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	DR. DHARANI RAJAN N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	PERIEARI VILLAGE,THORAPPADI POST
Line 2	CHENGAM, 606704
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9943944785
Email	DHARANI.SHA444@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CDUPD1560P
Passport Number	
Aadhar Number	502584942164
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143859617846
Date of Birth	08-06-1988
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - PHYSICS	2011	OTHERS - AAA GOVT ARTS COLLEGE	THIRUVALLUVAR UNIVERSITY	66	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2014	OTHERS - PACHAIYAPPAS COLLEGE	UNIVERSITY OF MADRAS	70	FIRST CLASS	
PH.D.	PH.D.	PHYSICS	2023	OTHERS - RKM VIVEKANANDA COLLEGE	UNIVERSITY OF MADRAS	75		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	MOLECULAR ASSOCIATION STUDIES ON NOVEL MATERIALS
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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	03-02-2023	06-02-2024	1	0	4
			Total	1	0	4

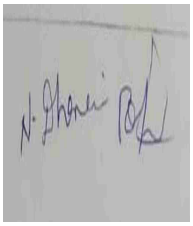
V. Industrial Experience :

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. BOOPATHI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	216, BAJANAI KOIL ST., AMMUNDI VILLEGE AND POST
Line 2	VELLORE, 632519
District	VELLORE
Telephone number	-
Mobile number	+91 - 9944372155
Email	BOOPATHIECE@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BFTPB9881D
Passport Number	
Aadhar Number	419752377676
Faculty code given by C.O.E.	5127100
Faculty code given by A.I.C.T.E.	1495482893
Date of Birth	20-05-1984
Age	40
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2005	C ABDUL HAKEEM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2011	RANIPETTAI ENGINEERING COLLEGE	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	OTHERS - LECTURER	16-06-2008	30-06-2013	5	0	15
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	06-03-2014	29-05-2024	10	2	24
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2013	05-03-2014	0	8	5
			Total	15	11	19

V. Industrial Experience :	

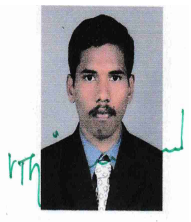
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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)
	8	2	125	

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. AMARNATH V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	216, BAJANAI KOIL STREET, PALAVANSATHU,
Line 2	VELLORE, 632002
District	VELLORE
Telephone number	-
Mobile number	+91 - 9487266880
Email	AMAR_2_NAATH@YAHOO.COM
Gender	MALE
Community	MBC
PAN Number	AVSPA8875C
Passport Number	
Aadhar Number	618362038127
Faculty code given by C.O.E.	5127106
Faculty code given by A.I.C.T.E.	1495482877
Date of Birth	18-08-1985
Age	39
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	OTHERS - ELECTRONICS AND COMMUNICATION ENGG	2007	OTHERS - VIT UNIVERSITY VELLORE	OTHERS - VIT UNIVERSITY VELLORE	7.45	FIRST CLASS	
P.G.	M.TECH.	OTHERS - APPLIED ELECTRONICS	2010	OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE CHENNAI	OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTUTE CHENNAI	9.6	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	08-09-2015	29-05-2024	8	8	22
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	06-09-2010	07-09-2015	5	0	2
			Total	13	8	28

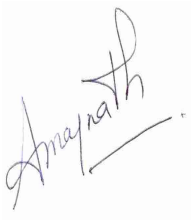
V. Industrial Experience :	

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)
8				

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. SIVA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	140/2, VELLORE ROAD, SEVOOR
Line 2	ARNI
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9486939493
Email	SIVAMBAPHD@YAHOO.IN
Gender	MALE
Community	MBC
PAN Number	DIDPS6821R
Passport Number	
Aadhar Number	525028976566
Faculty code given by C.O.E.	5127016
Faculty code given by A.I.C.T.E.	1495447843
Date of Birth	20-03-1977
Age	47
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.COM.	COMMERCE	1998	OTHERS - GOVY MUTHURANGAM ARTS COLLEGE	UNIVERSITY OF MADRAS	57	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2000	ADHIPARASAKTHI COLLEGE OF ENGINEERING	UNIVERSITY OF MADRAS	68	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
OTHERS - DR MGR CHOCKALINGAM ARTS COLLEGE	OTHERS - LECTURER	31-07-2000	07-06-2006	5	10	8
OTHERS - DR MGR UNIVERSITY	ASSISTANT PROFESSOR	21-08-2006	11-06-2010	3	9	22
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	12-06-2010	29-05-2024	13	11	18
			Total	23	7	23

V. Industrial Experience :

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

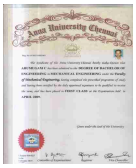
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)
	6			

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. ARUMUGAM C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	724 ROAD STREET JOTHIMANAGAR
Line 2	POLUR TK - 606902
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9790635248
Email	ARUMUGAM.JMR@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	ANRPA3552D
Passport Number	
Aadhar Number	776142428637
Faculty code given by C.O.E.	5127007
Faculty code given by A.I.C.T.E.	1793990206
Date of Birth	07-05-1979
Age	44
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2009	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	76	FIRST CLASS	
P.G.	M.TECH.	OTHERS - CAD AND CAM	2011	OTHERS - DR M G R UNIVERSITY	OTHERS - DR M G R 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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2011	01-03-2023	11	9	1
			Total	11	9	5

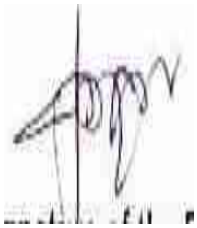
V. Industrial Experience :

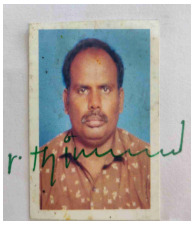
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
INDIAN BORDER SECURITY FORCE	CONSTABLE	GD AND MAINTENANCE	01-06-2000	31-03-2006	5	9	30
				Total	5	9	3

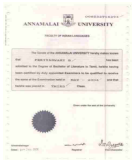
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	DR. PERIYASWAMY B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	NO,SASTHIRI NAGAR EXTN,NEAR BOTTLE COMPANY, PONNI AMMAN KOVIL ST
Line 2	KASPA,
District	VELLORE
Telephone number	-
Mobile number	+91 - 9345315385
Email	PERIYASWAMYDEVA@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DEXPP0713R
Passport Number	
Aadhar Number	882025340984
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	20-05-1983
Age	41
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	OTHERS - B.LIT	OTHERS - TAMIL	2004	OTHERS - DDE	ANNAMALAI UNIVERSITY	47	OTHERS - THIRD CLASS	
P.G.	OTHERS - M.A	OTHERS - TAMIL	2008	OTHERS - DDE	ANNAMALAI UNIVERSITY	60	FIRST CLASS	
PH.D.	PH.D.	OTHERS - TAMIL	2019	OTHERS - ARIGNAR ANNA ARTS COLLEGE	THIRUVALLUVAR UNIVERSITY	75		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	AGANANOORU MEIPADUKALUM URAIYASIRIYARKALIN URAITHIRAN MUNVAITHU OOR AIVU
III. Faculty in which Ph.D. was awarded	OTHERS
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 BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	09-03-2023	17-02-2024	0	11	9
			Total	0	11	14

V. Industrial Experience :

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

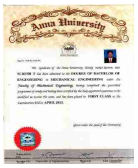
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SURESH T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	403 PONNIAMMAN KOIL STREET,THATCHUR VILLAGE AND POST
Line 2	ARNI TALUK
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8124053733
Email	SURESH1991APT@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	GHZPS7578R
Passport Number	
Aadhar Number	399814734859
Faculty code given by C.O.E.	5127185
Faculty code given by A.I.C.T.E.	13281160917
Date of Birth	05-06-1991
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2013	OXFORD COLLEGE OF ENGINEERING	ANNA UNIVERSITY	6.8	FIRST CLASS	
P.G.	M.E.	INDUSTRIAL ENGINEERING	2015	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	7.41	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-07-2016	02-06-2023	6	10	30
			Total	6	10	5

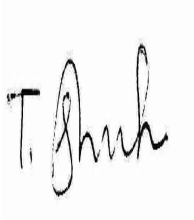
V. Industrial Experience :

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		1	1	

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. HEMARANI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	33A, PAVALA STREET,KAMACHIYAMMANPETTAI,GUDIYATTAM
Line 2	GUDIYATTAM,VELLORE-632602
District	VELLORE
Telephone number	-
Mobile number	+91 - 9597741077
Email	BABUHEMA2015@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AQNPH4868G
Passport Number	
Aadhar Number	715708007000
Faculty code given by C.O.E.	5127332
Faculty code given by A.I.C.T.E.	14575190194
Date of Birth	20-01-1992
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2013	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	6.97	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2016	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	7.97	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	16-03-2022	29-05-2024	2	2	14
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	11-01-2017	16-12-2020	3	11	6
			Total	6	1	21

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 :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. KOSALAIRAMAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	109-KPK NAGAR
Line 2	ARNI-632317
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9597676200
Email	RAMAN.KOSALAI@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CSMPK9178B
Passport Number	
Aadhar Number	430170068473
Faculty code given by C.O.E.	5127035
Faculty code given by A.I.C.T.E.	11471738214
Date of Birth	25-12-1988
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2010	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	79	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2012	OTHERS - ANNAMALAI	ANNAMALAI UNIVERSITY	80.4	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-07-2012	02-06-2023	10	11	1
			Total	10	11	6

V. Industrial Experience :	

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

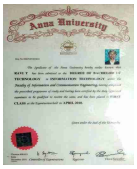
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)
10		3	300	30

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

Signature of the Faculty :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. RAVI T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/265, THENNANDAI METTU STREET, VENGALATHUR
Line 2	VEMBAKKAM TALUK,
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9600302200
Email	RAVIME16@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BMCPR5528P
Passport Number	
Aadhar Number	350574884573
Faculty code given by C.O.E.	5127326
Faculty code given by A.I.C.T.E.	1143859617191
Date of Birth	16-06-1986
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2010	KANCHI PALLAVAN ENGINEERING COLLEGE	ANNA UNIVERSITY	63	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	ARULMIGU MEENAKSHI AMMAN COLLEGE OF ENGINEERING	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	14-03-2022	29-05-2024	2	2	16
			Total	2	2	17

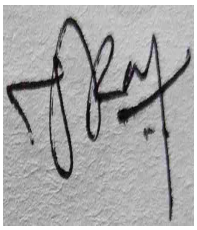
V. Industrial Experience :

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. REKHA V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 8 CHINNAJAIN STREET KOSAPALAYAM
Line 2	ARNI 632301
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8012244143
Email	REKHASUNDAR2010@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	HFYPS5035B
Passport Number	
Aadhar Number	362483558515
Faculty code given by C.O.E.	5127264
Faculty code given by A.I.C.T.E.	17460492971
Date of Birth	04-04-1988
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2014	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	7.34	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2019	GLOBAL INSTITUTE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.66	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-06-2019	02-06-2023	3	11	12
			Total	3	11	17

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	200	

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	MR. PRABU H
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	222/1 BIG STREET,RATTINAMANGALAM
Line 2	ARNI,632317
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9952048702
Email	PRABUPENGEZ@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BMNPP6624F
Passport Number	
Aadhar Number	384476103583
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1488633631
Date of Birth	31-05-1982
Age	42
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - COMPUTER SCIENCE	2003	OTHERS - SHANMUGA INDUSTRIES ARTS AND SCIENCE COLLEGE	UNIVERSITY OF MADRAS	74	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2007	DR NAVALAR NEDUNCHEZHIYAN COLLEGE OF ENGINEERING	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-06-2010	29-05-2024	13	11	28
			Total	13	11	3

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 :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. CHANDRAKUMAR K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	940 BAJANAI KOVIL STREET,KATTUKKANALLUR
Line 2	KANNAMANGALAM , 632312
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9994577658
Email	CHANDRU.CHANDRAKUMAR@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BJXPC2963H
Passport Number	
Aadhar Number	393726501924
Faculty code given by C.O.E.	5127243
Faculty code given by A.I.C.T.E.	13540204254
Date of Birth	15-06-1984
Age	40
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2011	GANADIPATHY TULSI'S JAIN ENGINEERING COLLEGE	ANNA UNIVERSITY	62	SECOND CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2015	OTHERS - VEL TECH DR RR SR UNIVERSITY	OTHERS - VEL TECH DR RR SR TECHNICAL UNIVERSITY	7.37	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2017	30-01-2024	6	6	30
			Total	6	6	3

V. Industrial Experience :	

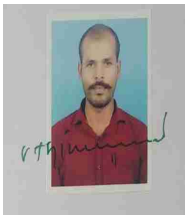
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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		2	400	

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. SANGEETHA THULASI RAMAN K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/124 ROAD STREET,AYILAM
Line 2	WALAJAPET-632509
District	RANIPET
Telephone number	-
Mobile number	+91 - 9677894293
Email	THULASIRAMAN1489@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CIBPS8764E
Passport Number	
Aadhar Number	392256856144
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143831969076
Date of Birth	02-06-1989
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	2009	OTHERS - C ABDUL HAKEEM COLLEGE MELVISHARAM	THIRUVALLUVAR UNIVERSITY	55	SECOND CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2012	OTHERS - C ABDUL HAKEEM COLLEGE MELVISHARAM	THIRUVALLUVAR UNIVERSITY	68	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2013	OTHERS - C ABDUL HAKEEM COLLEGE MELVISHARAM	THIRUVALLUVAR UNIVERSITY	83	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- SLET
Score : 169
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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	30-03-2022	06-02-2024	1	10	8
			Total	1	10	13

V. Industrial Experience :

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

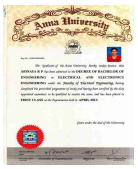
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. ABINAYA R P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	17R, MUNUSAMY STREET
Line 2	ARNI-632301
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8939372726
Email	PROF.PKABINAYA@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BCGPA8884F
Passport Number	
Aadhar Number	623979246052
Faculty code given by C.O.E.	5127322
Faculty code given by A.I.C.T.E.	13261786717
Date of Birth	08-06-1992
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2013	S K R ENGINEERING COLLEGE	ANNA UNIVERSITY	75	DISTINCTION	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2015	KINGSTON ENGINEERING COLLEGE	ANNA UNIVERSITY	86	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	11-11-2019	02-06-2023	3	6	22
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2016	20-06-2019	2	11	20
			Total	6	6	15

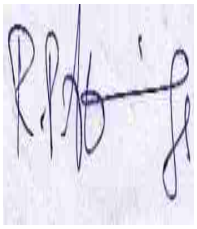
V. Industrial Experience :

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. AYYAPPAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	153 ADI ANNAMALAI VILL AND POST
Line 2	TIRUVANNAMALAI 606604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8190817008
Email	SAYYAPPAN1989@YAHOO.COM
Gender	MALE
Community	BC
PAN Number	BTSPA7395A
Passport Number	
Aadhar Number	344894158044
Faculty code given by C.O.E.	5127144
Faculty code given by A.I.C.T.E.	12298773954
Date of Birth	08-05-1989
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2012	OTHERS - ST PETERS UNIVERSITY	OTHERS - ST PETERS UNIVERSITY	7.67	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2014	THANTHAI PERIYAR GOVERNMENT INSTITUTE OF TECHNOLOGY	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	26-06-2014	02-06-2023	8	11	7
			Total	8	11	12

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		1	1	

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. VIGNESH S S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	13/5, GENJI ARUNAGARI STREET
Line 2	632301
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8681014080
Email	STEPUPJOB.VIKI@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ASVPV7225M
Passport Number	
Aadhar Number	818461571392
Faculty code given by C.O.E.	5127191
Faculty code given by A.I.C.T.E.	13259854464
Date of Birth	29-05-1992
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2013	JEPPIAAR ENGINEERING COLLEGE	ANNA UNIVERSITY	7.02	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2016	SRM VALLIAMMAI ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.64	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2016	02-06-2023	6	11	2
			Total	6	11	7

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)
5				

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. RAJPANDIYAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3, EB COLONY, AMMUR ROAD
Line 2	WALAJAPET-632513.
District	VELLORE
Telephone number	-
Mobile number	+91 - 9789655107
Email	RAJPANDIYAN2291@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	BLVPR8423B
Passport Number	
Aadhar Number	237777436391
Faculty code given by C.O.E.	5127280
Faculty code given by A.I.C.T.E.	19380592271
Date of Birth	22-10-1991
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2012	RANIPETTAI ENGINEERING COLLEGE	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	RANIPETTAI ENGINEERING COLLEGE	ANNA UNIVERSITY	73	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	12-08-2020	02-06-2023	2	9	22
			Total	2	9	26

V. Industrial Experience :

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

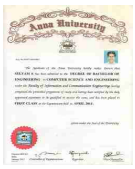
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. SELVAM S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12 METTU STREET VADATHANDALAM CHEYYAR
Line 2	CHEYYAR 604 407
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9080961996
Email	LECTURERSELVAM@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	FQVPS9146D
Passport Number	
Aadhar Number	228966323522
Faculty code given by C.O.E.	5127267
Faculty code given by A.I.C.T.E.	17459937129
Date of Birth	03-06-1990
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2011	ARULMIGU MEENAKSHI AMMAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	ARULMIGU MEENAKSHI AMMAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	73	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-07-2019	29-05-2024	4	10	26
			Total	4	10	1

V. Industrial Experience :	

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

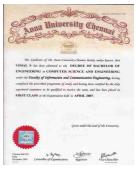
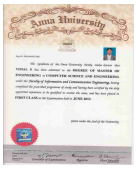
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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	250	

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. VIMAL S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.64/16,BAVAJI ST,CHENGAM ROAD,TIRUVANNAMALAI
Line 2	606603
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9944905237
Email	VIMALSO7@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AWWPV2780Q
Passport Number	
Aadhar Number	781912679238
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	13543197467
Date of Birth	19-06-1984
Age	40
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2007	S K P ENGINEERING COLLEGE	ANNA UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2012	ARUNAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	73	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	30-06-2017	29-05-2024	6	10	30
ANNAMALAIAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	15-05-2012	30-04-2013	0	11	17
			Total	7	10	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

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 :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. PRABAKARAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/8/1, PERIYA METTU STREET, AVALOOR,
Line 2	PERUMBULIPAKKAM POST, NEMILI TALUK,
District	RANIPET
Telephone number	-
Mobile number	+91 - 9500906005
Email	MPRABAKARANCSE@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CZTPP4582Q
Passport Number	
Aadhar Number	944972827546
Faculty code given by C.O.E.	5127325
Faculty code given by A.I.C.T.E.	114338376939
Date of Birth	26-07-1991
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2012	D M I COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	6.22	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	ARULMIGU MEENAKSHI AMMAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.41	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	14-03-2022	29-05-2024	2	2	16
			Total	2	2	17

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. JAGATHESH N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO,1531/4, VANIAR THERU, RAGUNAATHAPURAM,SEVUR.
Line 2	ARNI,632316
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9566252980
Email	NJAGA838@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BFDPJ8471F
Passport Number	
Aadhar Number	773945667916
Faculty code given by C.O.E.	5127335
Faculty code given by A.I.C.T.E.	143804553721
Date of Birth	01-06-1994
Age	30
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.B.A.	BUSINESS ADMINISTRATION	2014	OTHERS - INDO AMERICAN COLLEGE	THIRUVALLUVAR UNIVERSITY	76	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2016	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	65	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-08-2023	29-05-2024	0	9	9
ARS COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	13-09-2017	18-03-2020	2	6	6
			Total	3	3	17

V. Industrial Experience :

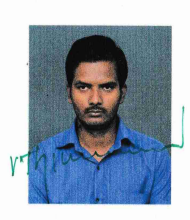
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. PRABAGARAN D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	404/2, METTU ST., AGARAPALAYAM VILLAGE,
Line 2	ARNI
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9629905976
Email	PRABA.ARNI@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BPOPP8942J
Passport Number	
Aadhar Number	336872152572
Faculty code given by C.O.E.	5127156
Faculty code given by A.I.C.T.E.	13274283515
Date of Birth	01-09-1989
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2010	GOVERNMENT COLLEGE OF ENGINEERING BARGUR (AUTONOMOUS)	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2013	THANTHAI PERIYAR GOVERNMENT INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	8.16	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2013	29-05-2024	10	10	29
			Total	10	10	4

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)
			125	

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

Signature of the Faculty :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. LOKESHWARAN N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	21 AVAIYAR STREET ARUNAGIRICHATIRAM
Line 2	ARNI 632301
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9791871410
Email	LOGUINU@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AIOPL5143R
Passport Number	
Aadhar Number	337743784663
Faculty code given by C.O.E.	5127188
Faculty code given by A.I.C.T.E.	13280904979
Date of Birth	06-11-1987
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2010	THIRUVALLUVAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	INDUSTRIAL ENGINEERING	2015	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	69	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	06-07-2015	17-02-2024	8	7	12
			Total	8	7	15

V. Industrial Experience :

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

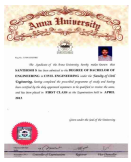
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)
1				

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. SANTHOSH S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/27,SORAKKALPETTAI,PERIYAPUDUR POST,,
Line 2	KATPADI,632059
District	VELLORE
Telephone number	0416 - 2296588
Mobile number	+91 - 7639343588
Email	CIVILSANTHOSH77@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	FWTPS1890A
Passport Number	
Aadhar Number	295504861373
Faculty code given by C.O.E.	5127182
Faculty code given by A.I.C.T.E.	13270283425
Date of Birth	07-07-1992
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2013	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2016	GLOBAL INSTITUTE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	72.2	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	22-06-2016	02-06-2023	6	11	11
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	OTHERS - LECTURER	05-03-2013	26-03-2014	1	0	22
			Total	8	0	3

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)
7		3	400	

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MR. ARUN P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	52,PERUMAL KOVIL STREET,VADATHADALAM,ARUGAVUR,
Line 2	CHEYYAR-604407
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8754949621
Email	FRIENDLYARUN11@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BGQPA2694M
Passport Number	
Aadhar Number	406615702715
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143806156454
Date of Birth	11-07-1996
Age	28
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.A.	ENGLISH	2016	OTHERS - WISDOM ARTS AND SCIENCE COLLEGE	THIRUVALLUVAR UNIVERSITY	57.5	SECOND CLASS	
P.G.	OTHERS - M.A.	OTHERS - ENGLISH	2018	OTHERS - ARIGNAR ANNA ARTS AND SCIENCE COLLEGE	THIRUVALLUVAR UNIVERSITY	68	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- SLET
Score : 140
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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	30-03-2022	05-02-2024	1	10	7
			Total	1	10	12

V. Industrial Experience :

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

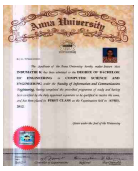
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. INDUMATHI K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	19A, GREAT NAGAR EXTENSION, NAVALPUR
Line 2	RANIPET
District	RANIPET
Telephone number	-
Mobile number	+91 - 9791258225
Email	INDU22.CS@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AEDPI8363P
Passport Number	
Aadhar Number	729527416557
Faculty code given by C.O.E.	5127343
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	22-10-1990
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2012	C ABDUL HAKEEM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2018	OTHERS - SATHYABAMA UNIVERSITY	OTHERS - SATHYABAMA 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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	09-07-2018	07-12-2020	2	4	30
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-04-2024	29-05-2024	0	1	27
			Total	2	6	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

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 : _____

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MRS. PRABHAVATHY S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/216A KANNI KOVIL STREET, TAJPURA
Line 2	ARCOT,632503
District	RANIPET
Telephone number	-
Mobile number	+91 - 8098194999
Email	PRABHAVATHYSETTU17@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CVNPP4518C
Passport Number	
Aadhar Number	514157191412
Faculty code given by C.O.E.	5127342
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	17-12-1992
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2015	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	66	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2018	GLOBAL INSTITUTE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	81	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-07-2019	05-12-2020	1	5	2
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-04-2024	29-05-2024	0	1	29
			Total	1	7	4

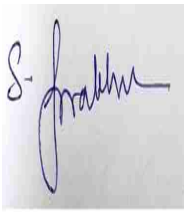
V. Industrial Experience :	

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. MUNUSAMY S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/742, TINDIVANAM KIZH STREET, ATHIMOOR POST
Line 2	POLUR TALUK, TIRUVANNAMALAI DISTRICT-606803
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8248073241
Email	MUNUSAMYSETTU86@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	EAZPM0989M
Passport Number	
Aadhar Number	490124486880
Faculty code given by C.O.E.	5127341
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	04-06-1986
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - COMPUTER SCIENCE	2006	OTHERS - DR MGR CHOCKALINGAM ARTS COLLEGE	THIRUVALLUVAR UNIVERSITY	72.3	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2016	JEI MATHAAJEE COLLEGE OF ENGINEERING	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2010	OTHERS - ADHIPARASAKTHI COLLEGE OF ARTS AND SCIENCE	THIRUVALLUVAR 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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-03-2024	29-05-2024	0	2	9
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2017	26-02-2021	3	7	26
			Total	3	10	9

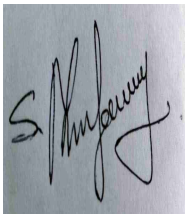
V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	MR. ADHI SIVA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/2, MGR NAGAR, MULLIPET
Line 2	ARNI, 632317
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8667459249
Email	ADHISIVASYS1984@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BAFPA0956D
Passport Number	
Aadhar Number	813953152561
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143852663601
Date of Birth	13-05-1984
Age	40
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	OTHERS - BES	OTHERS - ELECTRONICS SCIENCE	2005	OTHERS - CAHC ARTS AND SCIENCE	UNIVERSITY OF MADRAS	65	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2009	VEL TECH	ANNA UNIVERSITY	76	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
OTHERS - DLR ARTS AND SCIENCE	ASSISTANT PROFESSOR	22-08-2022	13-09-2023	1	0	23
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-09-2023	29-05-2024	0	8	9
OTHERS - RTG ARTS AND SCIENCE	ASSISTANT PROFESSOR	10-02-2021	18-08-2022	1	6	9
			Total	3	3	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)

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	MR. PRAKASH S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 743, NAGARAJAN STREET, VENKUNDRAM VILLAGE, VANDAVASI POST AND TALUK
Line 2	TIRUVANNAMALAI
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8148521152
Email	PRAKASHKARKY@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DULPP8067G
Passport Number	
Aadhar Number	674985386773
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	18-05-1991
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - COMPUTER SCIENCE	2015	OTHERS - THIRUVALLUVAR UNIVERSITY COLLEGE OF ARTS AND SCIENCE	THIRUVALLUVAR UNIVERSITY	70	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2017	THIRUMALAI ENGINEERING COLLEGE	ANNA UNIVERSITY	80	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-07-2023	29-05-2024	0	10	9
OTHERS - DRMGRCHOCKALINGAM ARTS COLLEGE	ASSISTANT PROFESSOR	11-06-2018	17-07-2023	5	1	7
			Total	5	11	21

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. SRIVIDHYA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	197/1 AMMAN KOIL ST
Line 2	SEVOOR,ARNI TK, 632316
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9626930376
Email	CONTACTSRIVIDHYA@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	FAXPS2037H
Passport Number	
Aadhar Number	788934547883
Faculty code given by C.O.E.	5127334
Faculty code given by A.I.C.T.E.	143859617336
Date of Birth	01-04-1991
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2012	ANNAI TERESA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2014	KINGSTON ENGINEERING COLLEGE	ANNA UNIVERSITY	86	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	11-08-2023	29-05-2024	0	9	19
			Total	0	9	23

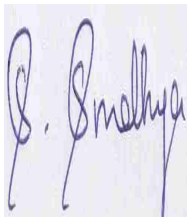
V. Industrial Experience :

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

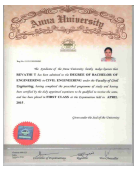
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MS. REVATHI T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.129/2,DEVANARAYANA HOUSE,THUTHIKADU POST
Line 2	CHOLAVARAM VIA,632113
District	VELLORE
Telephone number	-
Mobile number	+91 - 9626484944
Email	REVATHI.9338@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BGRPR7204P
Passport Number	
Aadhar Number	822613247624
Faculty code given by C.O.E.	5127293
Faculty code given by A.I.C.T.E.	110576164361
Date of Birth	19-03-1993
Age	30
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2015	KINGSTON ENGINEERING COLLEGE	ANNA UNIVERSITY	72.77	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2017	GLOBAL INSTITUTE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	75.62	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	18-08-2021	02-06-2023	1	9	16
GANADIPATHY TULSI'S JAIN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	07-07-2017	02-04-2019	1	8	27
			Total	3	6	16

V. Industrial Experience :

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

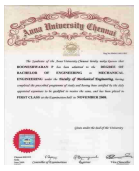
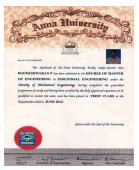
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. BOONESHWARAN P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	78/28 PILLAIYAR KOIL STREET ARNIPALAYAM
Line 2	ARNI - 632301
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9942854545
Email	BOONESHWARAN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BCBPB1478F
Passport Number	
Aadhar Number	472607503405
Faculty code given by C.O.E.	5127249
Faculty code given by A.I.C.T.E.	12298773859
Date of Birth	16-03-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2008	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	66	FIRST CLASS	
P.G.	M.E.	INDUSTRIAL ENGINEERING	2012	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	74.3	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	16-07-2012	02-06-2023	10	10	18
			Total	10	10	23

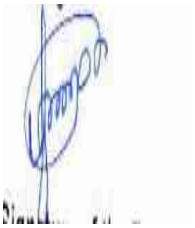
V. Industrial Experience :

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

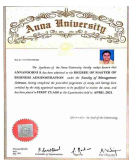
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. ANNAPOORNI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.28, POLICE STATION STREET, ARNI
Line 2	ARNI,632301
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 6383388453
Email	ANNAPOORNI5550@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DKFPA6070L
Passport Number	
Aadhar Number	744376172987
Faculty code given by C.O.E.	5127318
Faculty code given by A.I.C.T.E.	143803031901
Date of Birth	07-08-1998
Age	26
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.B.A.	BUSINESS ADMINISTRATION	2019	OTHERS - SRI BHARATHI WOMENS ARTS AND SCIENCE COLLEGE	THIRUVALLUVAR UNIVERSITY	80	DISTINCTION	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2021	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	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
OTHERS - DR MGR CHOCKALINGAM ARTS COLLEGE	ASSISTANT PROFESSOR	16-08-2021	31-08-2023	2	0	16
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-09-2023	29-05-2024	0	8	29
			Total	2	9	19

V. Industrial Experience :

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

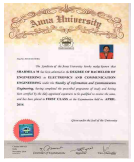
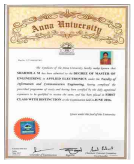
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MS. SHARMILA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	50/74, 2ND CROSS ST., DEVI NAGAR, ARCOT
Line 2	632503
District	VELLORE
Telephone number	-
Mobile number	+91 - 7418904438
Email	SHARMILA.MANI34@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	FONPS8690A
Passport Number	
Aadhar Number	555146096582
Faculty code given by C.O.E.	5127301
Faculty code given by A.I.C.T.E.	14575550562
Date of Birth	01-12-1991
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2013	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	6.97	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2016	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	7.97	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	18-01-2017	09-02-2024	7	0	23
			Total	7	0	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)

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

Signature of the Faculty :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	MRS. YUVARANI V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 15/52 PERIYA KAZHANI KATTU STREET, VELAPADI
Line 2	632001
District	VELLORE
Telephone number	-
Mobile number	+91 - 9600364783
Email	YUVARANIVIJAYALINGAM@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ALOPY7585K
Passport Number	
Aadhar Number	731536374101
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	12-03-1996
Age	28
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.C.A.	COMPUTER APPLICATIONS	2017	OTHERS - DRMGRCHOCKALINGAM ARTS COLLEGE	THIRUVALLUVAR UNIVERSITY	70	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2019	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	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
OTHERS - DRMGRCHOCKALINGAM ARTS COLLEGE	ASSISTANT PROFESSOR	16-06-2021	25-07-2023	2	1	10
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	14-08-2023	29-05-2024	0	9	16
			Total	2	10	1

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MS. DHARANYA V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.10/2,JUG AGRAHARAM STREET
Line 2	ARCOT -632503
District	RANIPET
Telephone number	-
Mobile number	+91 - 9444773479
Email	VIJAYAGOPALDHARANYA@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BZDPV5940H
Passport Number	
Aadhar Number	279125916665
Faculty code given by C.O.E.	5127311
Faculty code given by A.I.C.T.E.	1
Date of Birth	07-06-1998
Age	25
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2019	GOVERNMENT COLLEGE OF ENGINEERING BARGUR (AUTONOMOUS)	ANNA UNIVERSITY	7.96	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2021	GOVERNMENT COLLEGE OF ENGINEERING BARGUR (AUTONOMOUS)	ANNA UNIVERSITY	9.735	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	08-08-2022	02-06-2023	0	9	26
			Total	0	9	0

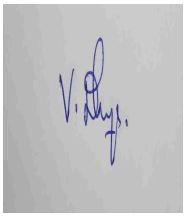
V. Industrial Experience :

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)

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. ILANGO M S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/113 AMBETHKAR NAGAR,KARKOOR
Line 2	PERNAMBUT-635805
District	VELLORE
Telephone number	-
Mobile number	+91 - 9626520624
Email	PAULMANI@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	AHWPI2961B
Passport Number	
Aadhar Number	721664255769
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143833105568
Date of Birth	26-09-1989
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	2011	OTHERS - THIRUVALLUVAR UNIVERSITY	THIRUVALLUVAR UNIVERSITY	84	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2014	OTHERS - THIRUVALLUVAR UNIVERSITY	THIRUVALLUVAR UNIVERSITY	79	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2016	OTHERS - MUTHURANGAM GOVT ARTS COLLEGE	THIRUVALLUVAR UNIVERSITY	85	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- SLET
Score : 142
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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	23-03-2022	06-02-2024	1	10	15
			Total	1	10	20

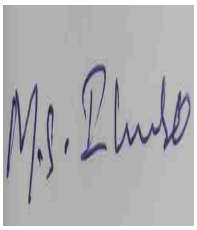
V. Industrial Experience :	

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)

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. GANAPATHY S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	250, PERUMAL KOIL STREET,
Line 2	ARAIYALAM - 632326
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9865967531
Email	GANAPATHYSKRN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AVIPG4329B
Passport Number	
Aadhar Number	486588817463
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	17460245445
Date of Birth	25-07-1986
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.B.A.	BUSINESS ADMINISTRATION	2007	OTHERS - DR MGR CHOCKALINGAM COLLEGE OF ARTS AND SCIENCE	THIRUVALLUVAR UNIVERSITY	68	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2009	SREE SASTHA INSTITUTE OF ENGINEERING AND TECHNOLOGY	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
OTHERS - DR MGR CHOCKALINGAM ARTS COLLEGE	ASSISTANT PROFESSOR	15-06-2016	06-07-2019	3	0	22
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	08-07-2019	29-05-2024	4	10	22
			Total	7	11	19

V. Industrial Experience :

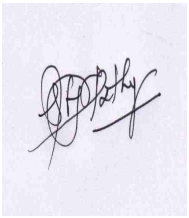
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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

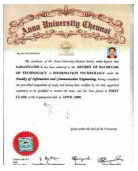
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)

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

Signature of the Faculty :



Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. SARASWATHI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/2C,NORTH STREET, MUNJURPET
Line 2	VELLORE,632057
District	VELLORE
Telephone number	-
Mobile number	+91 - 9597825045
Email	SARORAMESH43@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	DTKPS8095B
Passport Number	
Aadhar Number	894925029877
Faculty code given by C.O.E.	5127313
Faculty code given by A.I.C.T.E.	110586256895
Date of Birth	03-06-1988
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2009	THIRUVALLUVAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	74	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2012	S K R ENGINEERING COLLEGE	ANNA UNIVERSITY	80	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	26-08-2022	02-02-2024	1	5	8
GANADIPATHY TULSI'S JAIN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2013	29-05-2014	0	10	29
			Total	2	4	9

V. Industrial Experience :	

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

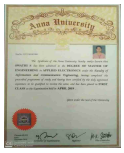
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. SWATHI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/346,AMMAN KOVIL STREET
Line 2	SENNATHUR,LADAVARAM,THAMARAIPAKKAM POST,ARNI
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 6381338072
Email	SWATHI22296@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	JLXPS7941P
Passport Number	
Aadhar Number	575176353511
Faculty code given by C.O.E.	5127300
Faculty code given by A.I.C.T.E.	19312464211
Date of Birth	22-02-1996
Age	28
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2017	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	7.24	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2019	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-02-2020	29-05-2024	4	3	26
			Total	4	3	27

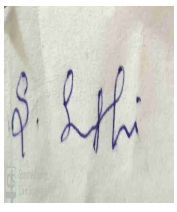
V. Industrial Experience :	

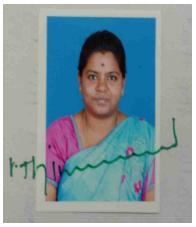
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

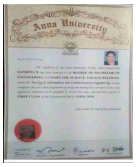
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. SANDHYA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	02,BLOCK A4,SOUTH POLICE QUARTERS,OPP.CIRCUIT HOUSE,ANNA NAGAR
Line 2	VELLORE,632001
District	VELLORE
Telephone number	-
Mobile number	+91 - 9080615770
Email	SANDY31RAMESH@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	IJIPS8663C
Passport Number	
Aadhar Number	367209187068
Faculty code given by C.O.E.	5127282
Faculty code given by A.I.C.T.E.	19380592433
Date of Birth	31-10-1996
Age	28
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2018	PANIMALAR INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	79.78	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2020	P S G COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	85.8	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	22-01-2021	30-01-2024	3	0	9
			Total	3	0	9

V. Industrial Experience :

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

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

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

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

Signature of the Faculty :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. RAJA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO,40 KUMARAN STREET,PUDUPALLIKUPPAM, KATPADI POST
Line 2	VELLORE,632007
District	VELLORE
Telephone number	-
Mobile number	+91 - 9894367270
Email	RAJA.2K6464@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	FADPK4808N
Passport Number	
Aadhar Number	698154312233
Faculty code given by C.O.E.	5128006
Faculty code given by A.I.C.T.E.	14527063466
Date of Birth	02-08-1988
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2010	C ABDUL HAKEEM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	78	DISTINCTION	
P.G.	M.E.	COMMUNICATION SYSTEMS	2012	HINDUSTHAN COLLEGE OF ENGINEERING AND TECHNOLOGY(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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	23-08-2021	29-05-2024	2	9	7
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	20-12-2017	05-12-2020	2	11	17
SRI NANDHANAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2012	11-12-2017	5	6	11
			Total	11	3	8

V. Industrial Experience :

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

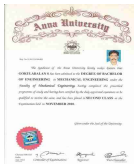
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)
6		1	125	

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

Signature of the Faculty :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. GOKULABALAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1174 E B NAGAR, 5TH STREET
Line 2	SEVOOR -632317
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9787828181
Email	GOKULABALAN84@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BTZPG7645E
Passport Number	
Aadhar Number	425294866151
Faculty code given by C.O.E.	5127228
Faculty code given by A.I.C.T.E.	12298773854
Date of Birth	05-03-1984
Age	39
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2010	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	72	SECOND CLASS	
P.G.	M.TECH.	OTHERS - DR M G R UNIVERSITY	2013	OTHERS - DR M G R UNIVERSITY	OTHERS - DR M G R UNIVERSITY	81.7	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	07-07-2013	02-06-2023	9	10	27
			Total	9	10	2

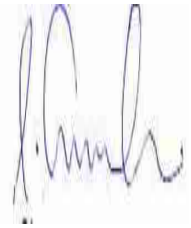
V. Industrial Experience :

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)
2		2	1	

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. REKHA V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.34, PAPATHIAMMAN KOIL STREET, ARNI
Line 2	632301
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9080382773
Email	REKHARSHAN99@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DLEPR7368G
Passport Number	
Aadhar Number	918424498603
Faculty code given by C.O.E.	5127314
Faculty code given by A.I.C.T.E.	143381125261
Date of Birth	23-06-1989
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2011	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	75	DISTINCTION	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE ENGINEERING	2014	PONNAIYAH RAMAJAYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - PRISTUNIVERSITY	8.77	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	22-08-2022	02-02-2024	1	5	12
			Total	1	5	14

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 :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MR. SATHISH KUMAR S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	96 PILLAIYAR KOVIL ST, PALLEADAIYAMPATTI
Line 2	VIRUPAKSHIPURAM,632002
District	VELLORE
Telephone number	-
Mobile number	+91 - 8124242989
Email	SATHISH15328@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	JLPPS4311K
Passport Number	
Aadhar Number	927276881549
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143823366921
Date of Birth	15-04-1991
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.A.	ENGLISH	2012	OTHERS - MUTHURANGAM GOVT COLLEGE	THIRUVALLUVAR UNIVERSITY	47	OTHERS - THIRD CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2015	OTHERS - THIRUVALLUVAR UNIVERSITY	THIRUVALLUVAR UNIVERSITY	62	FIRST CLASS	
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - ENGLISH	2018	OTHERS - THIRUVALLUVAR UNIVERSITY	THIRUVALLUVAR UNIVERSITY	66	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- SLET
Score : 168
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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-12-2022	05-02-2024	1	2	1
			Total	1	2	2

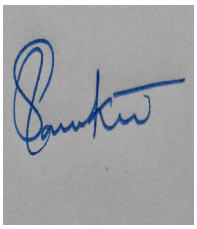
V. Industrial Experience :

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

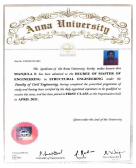
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. MANJULA E
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1309/3,SECOND STREET, EB NAGAR, SEVOOR
Line 2	632316
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 7305840096
Email	KIRTHESHMANJU@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	AGEPE5195N
Passport Number	
Aadhar Number	836368771537
Faculty code given by C.O.E.	5127315
Faculty code given by A.I.C.T.E.	1
Date of Birth	14-03-1995
Age	28
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2016	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	7.84	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2021	GLOBAL INSTITUTE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.35	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	25-08-2022	02-06-2023	0	9	9
			Total	0	9	13

V. Industrial Experience :

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

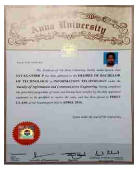
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MS. JAYAGANDHI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/3A, PILLAYAR KOVIL STREET, ADANUR.
Line 2	ARANI TALUK, 632317.
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8870141535
Email	JAYASANTHI1995@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	FYGPP4778D
Passport Number	
Aadhar Number	557218332583
Faculty code given by C.O.E.	5128298
Faculty code given by A.I.C.T.E.	110989422781
Date of Birth	15-06-1995
Age	29
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2016	ADHIPARASAKTHI ENGINEERING COLLEGE	ANNA UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2018	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	73	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	29-10-2021	29-05-2024	2	7	1
			Total	2	7	4

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. PORKODI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.458,THERADI STREET, THATCHUR VILLAGE POST
Line 2	THATHCHUR, ARNI T.K., 632326
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9597924435
Email	PORKODI.S27@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CRKPP4777Q
Passport Number	
Aadhar Number	628172793475
Faculty code given by C.O.E.	5127316
Faculty code given by A.I.C.T.E.	143381125293
Date of Birth	04-06-1990
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2011	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	S K P ENGINEERING COLLEGE	ANNA UNIVERSITY	7.78	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) ***	

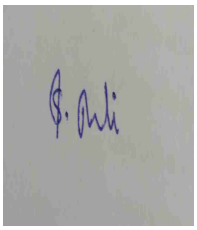
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	23-09-2022	02-02-2024	1	4	10
			Total	1	4	12

V. Industrial Experience :

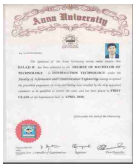
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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 : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. BALAJI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	724,PENNATHUR ROAD ,SATHUMADURAI
Line 2	VELLORE-
District	VELLORE
Telephone number	-
Mobile number	+91 - 9789482005
Email	ARUMUGAM.JMR@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AXRPB8599F
Passport Number	
Aadhar Number	906651907293
Faculty code given by C.O.E.	5127281
Faculty code given by A.I.C.T.E.	19382250909
Date of Birth	21-06-1989
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2010	GANADIPATHY TULSI'S JAIN ENGINEERING COLLEGE	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2012	OTHERS - DRMGR EDUCATIONAL AND RESEARCH INSTITUTE UNIVERSITY	OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE 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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-03-2020	02-02-2024	3	10	30
			Total	3	10	5

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 :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. PRIYANGA J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2863, ROAD STREET
Line 2	RAMANATHAPURAM
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8098748564
Email	RIYAJKME32@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CRCPP6262Q
Passport Number	
Aadhar Number	465261234584
Faculty code given by C.O.E.	5127241
Faculty code given by A.I.C.T.E.	13358674862
Date of Birth	10-06-1993
Age	30
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2014	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	6.6	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2016	S K P ENGINEERING COLLEGE	ANNA UNIVERSITY	7.9	FIRST CLASS	

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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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	11-01-2017	02-06-2023	6	4	23
			Total	6	4	25

V. Industrial Experience :

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

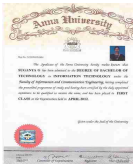
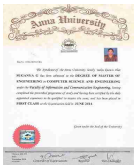
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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	200	

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. SUGANYA G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	149, BIG STREET, VALLUVAMBAKKAM VILLAGE,
Line 2	WALAJAPET TALUK, 632513
District	RANIPET
Telephone number	-
Mobile number	+91 - 9344687709
Email	G.SUGANYAIT@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	LCVPS0348P
Passport Number	
Aadhar Number	590728336819
Faculty code given by C.O.E.	5116038
Faculty code given by A.I.C.T.E.	110559217161
Date of Birth	15-06-1990
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2012	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	INDIRA INSTITUTE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	81.5	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	27-09-2021	29-05-2024	2	8	3
KANCHI PALLAVAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	11-07-2014	30-06-2016	1	11	21
			Total	4	7	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)
		3	250	

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

Signature of the Faculty :

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. MEGALA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/2, NORTH STREET, IRUMBEDU, ARNI.
Line 2	ARNI - 632317
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9600607977
Email	MEGALARAM24111@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DDVPM2156L
Passport Number	
Aadhar Number	244605902505
Faculty code given by C.O.E.	5127283
Faculty code given by A.I.C.T.E.	19382593971
Date of Birth	26-06-1990
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2011	GANADIPATHY TULSI'S JAIN ENGINEERING COLLEGE	ANNA UNIVERSITY	77	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	VELAMMAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.43	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-02-2021	29-05-2024	3	3	27
			Total	3	3	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)

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

Signature of the Faculty : 

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A.-MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	MR. KIRUBANANDAN G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.7, MGR NAGAR, CC ROAD, KANGIRANANDAL
Line 2	SANTHAVASAL POST, 606905
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9994958914
Email	KIRUBAMCA16@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BVOPK6673H
Passport Number	
Aadhar Number	512889956731
Faculty code given by C.O.E.	5127288
Faculty code given by A.I.C.T.E.	19432042018
Date of Birth	06-06-1986
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - COMPUTER SCIENCE	2007	OTHERS - SHANMUGA INDUSTRIES ARTS AND SCIENCE COLLEGE	THIRUVALLUVAR UNIVERSITY	62	FIRST CLASS	
OTHERS - MCA	OTHERS - MASTER OF COMPUTER APPLICATIONS	OTHERS - MASTER OF COMPUTER APPLICATION	2010	ER PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	7.65	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - COMPUTER SCIENCE	OTHERS - COMPUTER SCIENCE	2016	OTHERS - K M G ARTS AND SCIENCE COLLEGE	THIRUVALLUVAR 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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	22-02-2021	29-05-2024	3	3	6
OTHERS - RTG ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	20-12-2010	30-06-2011	0	6	12
OTHERS - RTG ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	07-09-2015	31-05-2016	0	8	24
OTHERS - RTG ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	02-07-2012	16-06-2014	1	11	15
OTHERS - SSS COLLEGE OF ARTS SCIENCE AND MANAGEMENT	ASSISTANT PROFESSOR	01-06-2016	10-04-2017	0	10	10
			Total	7	4	11

V. Industrial Experience :

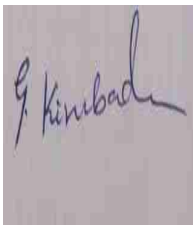
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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 :



Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. JAYAPRATHAP C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.12/39A,ANNA STREET,KALAMBUR
Line 2	KALAMBUR,606903
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9791407518
Email	JAYAPRATHAP.CIVIL@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AUAPJ6292R
Passport Number	
Aadhar Number	566041964985
Faculty code given by C.O.E.	5127294
Faculty code given by A.I.C.T.E.	110593178341
Date of Birth	22-12-1991
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2013	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	66.215	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2016	MAHA BARATHI ENGINEERING COLLEGE	ANNA UNIVERSITY	73.53	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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	23-08-2021	02-06-2023	1	9	11
			Total	1	9	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 :