Anna University, Chennai
Sri Balaji Chockalingam Engineering College - 5127

13. Faculty

Name of the College	5127 - SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE
Faculty ID	293244
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 LAYOUT KALAPATTI
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	
Faculty code given by C.O.E.	5127240
Faculty code given by A.I.C.T.E.	1-3545596924
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 ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	73	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 TOTALSIX 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	27-01-2025	7	11	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 ENGINEERING AND 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	11	22

V. Industrial Experience :

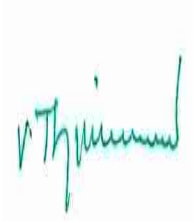
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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)
15				

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
Faculty ID	294028
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. K 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	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-4496579337
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 - AVVN SRI PUSHPA 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 MGR 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	PROFESSOR	25-08-2004	28-02-2017	12	6	7
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	01-03-2017	28-01-2025	7	10	28
			Total	20	5	8

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

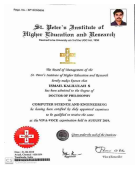
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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
Faculty ID	307412
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. ISMAIL KALILULAH S
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	A1-2 DABC ABINAYAM PHASE 4, NOLAMBUR
Line 2	CHENNAI-600095
District	CHENNAI
Telephone number	-
Mobile number	+91 - 9940074605
Email	DRSISMAILK@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ABHPI5237M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44724843444
Date of Birth	04-09-1984
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.TECH.	INFORMATION TECHNOLOGY	2008	OTHERS - DR MGRERI	OTHERS - DR MGRERI	77	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE ENGG	2012	OTHERS - VEL TECH TECHNICAL UNIVERSITY	OTHERS - VEL TECH TECHNICAL UNIVERSITY	73	FIRST CLASS	
PH.D.	PH.D.	COMPUTER SCIENCE AND ENGINEERING	2019	OTHERS - ST PETERS UNIVERSITY	OTHERS - ST PETERS UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	WIRELESS NETWORK ANALYSIS TO IMPROVE NODE PERFORMANCE WITH EFFICIENT ENERGY CONSUMPTION USING MULTICAST TECHNIQUE
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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	21-10-2024	27-01-2025	0	3	7
OTHERS - DR MGRERI	PROFESSOR	16-06-2008	18-10-2024	16	4	3
			Total	16	7	13

V. Industrial Experience :

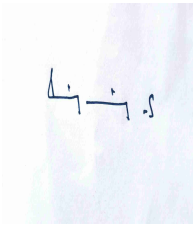
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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

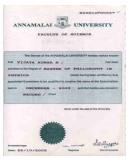
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)

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
Faculty ID	294200
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 C KALLERI ROAD, GUDIYATHAM
Line 2	632602
District	VELLORE
Telephone number	-
Mobile number	+91 - 9080672116
Email	SUBRAMANI_VIJAYAKUMAR@YAHOO.COM
Gender	MALE
Community	BC
PAN Number	AKZPV1449D
Passport Number	
Faculty code given by C.O.E.	5127037
Faculty code given by A.I.C.T.E.	1-495482909
Date of Birth	16-11-1980
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 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	27-01-2025	7	6	25
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	21	2	18

V. Industrial Experience :

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

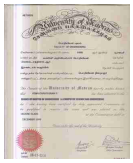
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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	7	10	250	62

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
Faculty ID	292191
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	55 A KAVARAI STREET THATTIMANAPALLI VILLAGE
Line 2	GUDIYATHAM TALUK 632601
District	VELLORE
Telephone number	-
Mobile number	+91 - 9360220954
Email	HODINFOTECHSBCEC@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AGNPV1239K
Passport Number	
Faculty code given by C.O.E.	5127127
Faculty code given by A.I.C.T.E.	1-495548087
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 ENGINEERS	OTHERS - THE INSTITUTION OF ENGINEERS	61	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	1999	OTHERS - SRM ENGINEERING 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 - LETURER	07-01-1999	30-11-2001	2	10	25
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	01-06-2005	27-01-2025	19	7	27
			Total	32	9	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
Faculty ID	297765
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 KODAMBAKKAM
Line 2	CHENNAI 600024
District	CHENNAI
Telephone number	-
Mobile number	+91 - 9543919066
Email	SD_MTECH@YAHOO.COM
Gender	FEMALE
Community	BC
PAN Number	AJOPD4685P
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-4629872524
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	E.G.S. PILLAY ENGINEERING COLLEGE (AUTONOMOUS)	BHARATHIDASAN UNIVERSITY	70	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2002	OTHERS - SASTRA UNIVERSITY	OTHERS - SASTRA UNIVERSITY	7.69	DISTINCTION	
PH.D.	PH.D.	COMPUTER SCIENCE AND ENGINEERING	2015	OTHERS - ST PETERS UNIVERSITY	OTHERS - ST PETERS 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 PATTERNS IN MASSIVE DATASETS
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 - RAJARAJESWARI ENGINEERING COLLEGE	OTHERS - LECTURER	18-02-2004	31-05-2010	6	3	12
OTHERS - SASTRA 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	27-01-2025	1	0	25
OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE UNIVERSITY	PROFESSOR	01-06-2016	20-04-2017	0	10	20
OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE UNIVERSITY	ASSOCIATE PROFESSOR	01-06-2015	31-05-2016	0	11	30
OTHERS - DR MGR EDUCATIOAL AND RESEARCH INSTITUTE UNIVERSITY	ASSISTANT PROFESSOR	01-06-2010	31-05-2015	4	11	30
			Total	21	3	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
Faculty ID	306600
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	DR. PERUVALLUTHI V
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	87 BANK COLONY SENGUTTAI
Line 2	KATPADI 632007
District	VELLORE
Telephone number	-
Mobile number	+91 - 9443335041
Email	VALLUTHI@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AJOPP0859R
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44723129925
Date of Birth	23-01-1960
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.A.	ENGLISH	1981	OTHERS - MADRAS CHIRISTIAN COLLEGE	UNIVERSITY OF MADRAS	66	FIRST CLASS	
P.G.	OTHERS - MA	OTHERS - ENGLISH	1983	OTHERS - MADRAS CHIRSTIAN COLLEGE	UNIVERSITY OF MADRAS	65	FIRST CLASS	
PH.D.	PH.D.	ENGLISH	2005	OTHERS - UNIVERSITY OF MADRAS	UNIVERSITY OF MADRAS	Y		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	A CRITICAL STUDY OF PRIZE STORIES THE O HENRY AWARDS FROM 1950 THROUGH 2000 ENGLISH
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 - GOVERNMENT ARTS COLLEGE	ASSOCIATE PROFESSOR	25-04-2010	04-12-2013	3	7	10
OTHERS - GOVERNMENT ARTS COLLEGE	OTHERS - READER LECTURER	24-04-2007	24-04-2010	3	0	1
OTHERS - GOVERNMENT ARTS COLLEGE	OTHERS - LECTURER	23-04-2002	23-04-2007	5	0	1
OTHERS - GOVERNMENT ARTS COLEGE	OTHERS - LECTURER	21-04-1997	22-04-2002	5	0	2
KONGU ENGINEERING COLLEGE (AUTONOMOUS)	OTHERS - LECTURER	17-08-1994	15-04-1997	2	7	30
OTHERS - THIRUVALLUVAR UNIVERSITY	PROFESSOR	05-12-2013	30-04-2020	6	4	27
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	PROFESSOR	04-10-2024	27-01-2025	0	3	24
			Total	26	0	5

V. Industrial Experience :

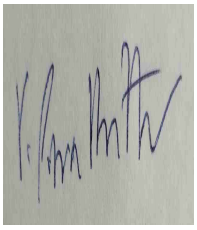
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

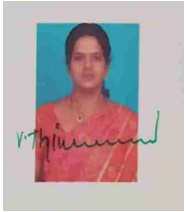
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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
Faculty ID	294437
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, METHA NAGAR
Line 2	AMINJIKARAI, CHENNAI - 600029
District	CHENNAI
Telephone number	-
Mobile number	+91 - 7305058022
Email	MANISHYAZHINI123@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AGUPV0302L
Passport Number	
Faculty code given by C.O.E.	5127357
Faculty code given by A.I.C.T.E.	1-7562554947
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	1993	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	27-01-2025	2	6	22
OTHERS - GOLDEN VALLEY INTEGRATED CAMPUS ANGALLUMADANAPALLE	PROFESSOR	01-07-2016	30-07-2018	2	0	30
			Total	22	11	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)
1	1	5	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
Faculty ID	294234
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 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	
Faculty code given by C.O.E.	5127358
Faculty code given by A.I.C.T.E.	1-43383203345
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	27-01-2025	2	9	29
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	38	4	29

V. Industrial Experience :	

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

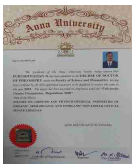
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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
Faculty ID	305635
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	DR. PURUSHOTHAMAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	35 PANNEER THANGAL VILLAGE
Line 2	KALAVAI 632506
District	RANIPET
Telephone number	-
Mobile number	+91 - 9566687903
Email	PURUSO1987@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DEQPP3142M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44719829073
Date of Birth	21-01-1987
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.SC.	OTHERS - PHYSICS	2007	OTHERS - AAA COLLEGE CHEYYAR	THIRUVALLUVAR UNIVERSITY	68	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2009	OTHERS - RKM VIVEKANANDA COLLEGE	UNIVERSITY OF MADRAS	74	FIRST CLASS	
PH.D.	PH.D.	PHYSICS	2019	ANNA UNIVESITY REGIONAL CAMPUS,TIRUCHIRAPPALLI	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	STUDIES ON GROWTH AND PHYSICO CHEMICAL PROPERTIES OF ORGANIC SEMI ORGANIC AND INORGANIC NON LINEAR OPTICAL SINGLE CRYSTALS
III. Faculty in which Ph.D. was awarded	FACULTY OF SCIENCE AND HUMANITIES
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - LAKSHMI BANGARU ARTS AND SCIENCE	ASSISTANT PROFESSOR	25-01-2023	28-06-2024	1	5	4
OTHERS - SIR THEYAGARAYA COLLEGE	ASSISTANT PROFESSOR	11-07-2019	30-07-2021	2	0	20
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	04-09-2024	27-01-2025	0	4	24
OTHERS - ES ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	01-09-2021	23-01-2023	1	4	23
			Total	5	3	12

V. Industrial Experience :

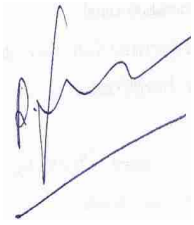
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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

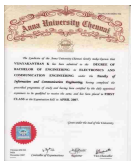
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)

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
Faculty ID	293424
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	ASSOCIATE PROFESSOR
Residential Address Line 1	3, PERUMAL KOIL STREET, KATTERI VILLAGE, MAMANDOOR
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	
Faculty code given by C.O.E.	5127244
Faculty code given by A.I.C.T.E.	1-3542642448
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 UNIVERSITY	OTHERS - DR MGR EDUCATIONAL RESEARCH INSTITUTE UNIVERSITY	9.10	DISTINCTION	
PH.D.	PH.D.	VLSI DESIGN	2020	OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE UNIVERSITY	OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE 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 LTE ADVANCED 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 UNIVERSITY	ASSISTANT PROFESSOR	16-06-2010	31-05-2017	6	11	15
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-06-2017	27-01-2025	7	7	27
			Total	14	7	16

V. Industrial Experience :

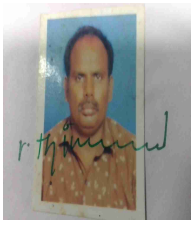
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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)
6		4	300	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
Faculty ID	294637
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-TAMIL
Name of the faculty member	DR. PERIYASWAMY BEEMAN
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	22 SASTHIRI NAGAR EXTN,NEAR BOTTLE COMPANY,PONNI AMMAN KOVIL ST,KASPA
Line 2	632001
District	VELLORE
Telephone number	-
Mobile number	+91 - 9345315385
Email	PERIYASWAMYDEVA@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DEXPP0713R
Passport Number	
Faculty code given by C.O.E.	5127320
Faculty code given by A.I.C.T.E.	1-43831968574
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 GOVT ARTS COLLEGE	THIRUVALLUVAR UNIVERSITY	Y		

* 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
OTHERS - DHIVYA ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	09-05-2011	31-07-2016	5	2	23
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	04-11-2022	27-01-2025	2	2	24
OTHERS - DLR ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	01-06-2017	08-04-2022	4	10	8
			Total	12	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
Faculty ID	294123
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	DR. R JAYAKAR
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	1 MARIYAMMAN KOIL ST
Line 2	KALPUDUR 632007
District	VELLORE
Telephone number	-
Mobile number	+91 - 9639631612
Email	JAYAKARLATHA@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AGUPJ3018M
Passport Number	
Faculty code given by C.O.E.	5127356
Faculty code given by A.I.C.T.E.	1-44723548507
Date of Birth	07-10-1981
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 - MATHS	2003	OTHERS - JOTHI COLLEGE	UNIVERSITY OF MADRAS	70	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHS	2006	OTHERS - THIRUVALLUVAR UNIVERSITY	OTHERS - THIRUVALLUVAR UNIVERSITY	67	FIRST CLASS	
PH.D.	PH.D.	MATHEMATICS	2022	OTHERS - VIT	OTHERS - VIT UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	STUDIES OF BOUNDARY LAYER FLOWS WITH HEAT AND MASS TRANSFER
III. Faculty in which Ph.D. was awarded	FACULTY OF SCIENCE AND HUMANITIES
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - VELLORE INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	05-12-2012	31-03-2022	9	3	27
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	04-09-2024	27-01-2025	0	4	24
			Total	9	8	24

V. Industrial Experience :

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

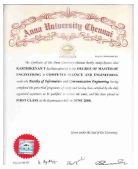
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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
Faculty ID	293176
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 - 8667755716
Email	HODCSE.SBCEC@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BYGPK8429J
Passport Number	
Faculty code given by C.O.E.	5127009
Faculty code given by A.I.C.T.E.	1-495548155
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.	OTHERS - COMPUTER SCIENCE	2001	OTHERS - DR MGR CHOCKALINGAM ARTS COLLEGE	UNIVERSITY OF MADRAS	72	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2004	OTHERS - D G VAISHNAV COLLEGE	UNIVERSITY OF MADRAS	75	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2008	S.K.P. 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	ASSOCIATE PROFESSOR	01-07-2009	27-01-2025	15	6	27
OTHERS - SHANMUGA INDUSTRIES ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	01-07-2008	30-06-2009	0	11	31
OTHERS - SHANMUGA INDUSTRIES ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	01-07-2005	30-06-2006	0	11	31
			Total	17	6	3

V. Industrial Experience :

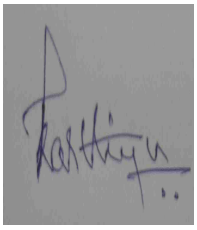
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

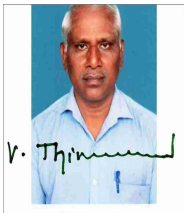
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

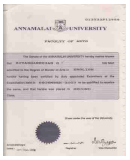
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
15	7	25	750	200

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
Faculty ID	295119
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	DR. SIVASHANMUGAM G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	472 GODOWN STREET,OTTERI,BAGAYAM,VELLORE
Line 2	632002
District	VELLORE
Telephone number	-
Mobile number	+91 - 9597398813
Email	SIVASHANMUGAM166@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	DGBPS7523A
Passport Number	
Faculty code given by C.O.E.	5127360
Faculty code given by A.I.C.T.E.	1-44723548859
Date of Birth	25-06-1966
Age	58
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	1994	OTHERS - UNIVERSITY OF MADRAS	UNIVERSITY OF MADRAS	58	SECOND CLASS	
P.G.	OTHERS - MA	OTHERS - ENGLISH	2003	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	57	SECOND CLASS	
PH.D.	PH.D.	OTHERS - ENGLISH	2024	OTHERS - THIRUVALLUVAR UNIVERSITY	THIRUVALLUVAR UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	INEQUALITY OF GENDERS PORTRAYED IN THE PLAYS OF VIJAY TENDULKAR AND MAHESH DATTANI
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	ASSISTANT PROFESSOR	15-07-2024	27-01-2025	0	6	13
			Total	0	6	16

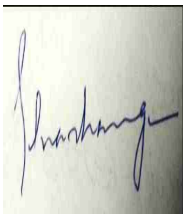
V. Industrial Experience :

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

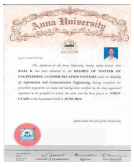
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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
Faculty ID	295886
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 ST,PUDUPALLIKUPPAM
Line 2	KATPADI POST,632007
District	VELLORE
Telephone number	-
Mobile number	+91 - 9894367270
Email	RAJA.2K6464@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	FADPK4808N
Passport Number	
Faculty code given by C.O.E.	5128006
Faculty code given by A.I.C.T.E.	1-4527063466
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	20-12-2017	27-01-2025	7	1	8
SRI NANDHANAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2012	11-12-2017	5	6	11
			Total	12	7	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)
5		4	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
Faculty ID	296002
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MRS. JOTHILAKSHMI B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	39 MADURAI VILLAGE
Line 2	CHEYYAR 604409
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9677322401
Email	JOTHIKANNA2013@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	AUOPJ9915F
Passport Number	
Faculty code given by C.O.E.	5127354
Faculty code given by A.I.C.T.E.	1-3574591783
Date of Birth	03-04-1981
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.E.	COMPUTER SCIENCE AND ENGINEERING	2007	PALLAVAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - ST PETERS UNIVERSITY	OTHERS - ST PETERS UNIVERSITY	6.7	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
OTHERS - SRI VENKATESWARA POLYTECHNIC	OTHERS - LECTURER	23-01-2019	31-03-2022	3	2	9
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-08-2024	27-01-2025	0	5	7
KANCHI PALLAVAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	08-01-2008	31-08-2011	3	7	24
			Total	7	3	12

V. Industrial Experience :	

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

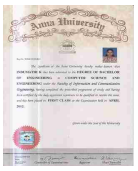
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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
Faculty ID	295013
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. INDUMATHI KUBENDIRAN
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	19A MOSQUE BACKSIDE GREAT NAGAR NAVALPUR
Line 2	RANIPET,632401
District	RANIPET
Telephone number	-
Mobile number	+91 - 9791258225
Email	INDU22.CS@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AEDPI8363P
Passport Number	
Faculty code given by C.O.E.	5127343
Faculty code given by A.I.C.T.E.	1-9571880330
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 OF SCIENCE AND TECHNOLOGY	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	01-04-2024	27-01-2025	0	9	27
			Total	3	2	28

V. Industrial Experience :

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

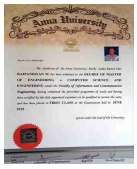
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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
Faculty ID	296529
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 SHOLINGUR THETHU ST
Line 2	WALLAJAPET 632513
District	RANIPET
Telephone number	-
Mobile number	+91 - 7010478834
Email	RAJPANDIYAN2291@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	BLVPR8423B
Passport Number	
Faculty code given by C.O.E.	5127280
Faculty code given by A.I.C.T.E.	1-9380592271
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	7.3	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	12-08-2020	27-01-2025	4	5	16
			Total	4	5	18

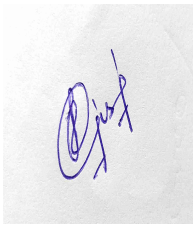
V. Industrial Experience :

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

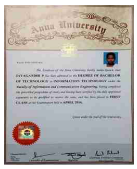
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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
Faculty ID	297587
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. JAYAGANDHI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/3A PILLAIYAR KOVIL STREET ADANUR VILLAGE
Line 2	ARNI TALUK 632317
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8870141535
Email	JAYASANTHI1995@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	FYGPP4778D
Passport Number	
Faculty code given by C.O.E.	5127298
Faculty code given by A.I.C.T.E.	1-10989422781
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	27-01-2025	3	2	30
			Total	3	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
Faculty ID	298795
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. R SANDHYA
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 111 PILLAYAR KOVIL STREET
Line 2	AZHAGUZHENAI 632311
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9080615770
Email	SANDY31RAMESH@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	IJIPS8663C
Passport Number	
Faculty code given by C.O.E.	5127282
Faculty code given by A.I.C.T.E.	1-9380592433
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	7.9	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2020	P S G COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.6	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	27-01-2025	4	0	6
			Total	4	0	6

V. Industrial Experience :

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

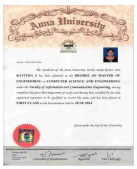
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)
		2	150	

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
Faculty ID	301786
Name of the Department	INFORMATION AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. KAVITHA J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	16 23 B JAGANATHA SWAMY ST
Line 2	ARCOT 632503
District	RANIPET
Telephone number	-
Mobile number	+91 - 6380448386
Email	KAVITHA2390@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CBPPK5068J
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44723491144
Date of Birth	23-02-1990
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	GANADIPATHY TULSI'S JAIN ENGINEERING COLLEGE	ANNA UNIVERSITY	7.8	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	C.ABDUL HAKEEM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.45	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	22-11-2024	27-01-2025	0	2	6
			Total	0	2	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)

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
Faculty ID	291953
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. GOKULABALAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1174 EB NAGAR 5TH STREET SEVOOR POST
Line 2	ARNI 632317
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9787828181
Email	GOKULABALAN84@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BTZPG7645E
Passport Number	
Faculty code given by C.O.E.	5127228
Faculty code given by A.I.C.T.E.	1-43934471921
Date of Birth	05-03-1984
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.	MECHANICAL ENGINEERING	2010	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	72	SECOND CLASS	
P.G.	M.TECH.	OTHERS - DESIGN	2013	OTHERS - DR MGR UNIVERSITY	OTHERS - DR MGR 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	27-01-2025	11	6	21
			Total	11	6	24

V. Industrial Experience :

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

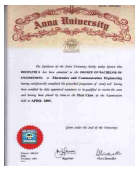
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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	350	

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
Faculty ID	293398
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	ASSISTANT PROFESSOR
Residential Address Line 1	216,BAJANAI KOIL STREET, AMMUNDI VILLAGE POST
Line 2	KATPADI TALUK
District	VELLORE
Telephone number	-
Mobile number	+91 - 9944372155
Email	BOOPATHIECE@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BFTPB9881D
Passport Number	
Faculty code given by C.O.E.	5127100
Faculty code given by A.I.C.T.E.	1-495482893
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	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	16-06-2008	27-01-2025	16	7	12
			Total	16	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)
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
Faculty ID	311183
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. VANISHA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	114/ D HOSPITAL STREET
Line 2	KALAMBUR 606903
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9787898837
Email	IYALR5678@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	AVPPV5328L
Passport Number	
Faculty code given by C.O.E.	5127362
Faculty code given by A.I.C.T.E.	1-44736004311
Date of Birth	15-06-1996
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.E.	COMPUTER SCIENCE AND ENGINEERING	2018	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	76	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2024	THIRUMALAI ENGINEERING COLLEGE	ANNA 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	12-06-2024	27-01-2025	0	7	16
			Total	0	7	19

V. Industrial Experience :

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

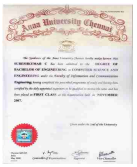
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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
Faculty ID	311316
Name of the Department	INFORMATION AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MR. SURESHKUMAR C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	118 GANDHI ROAD ARNIPALAYAM
Line 2	ARNI 632301
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8838095495
Email	CSURESH0502@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	DFGPS5887M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-43566662803
Date of Birth	05-02-1985
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	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE UNIVERSITY	OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE 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
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-12-2024	25-01-2025	0	1	21
			Total	0	1	21

V. Industrial Experience :	

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

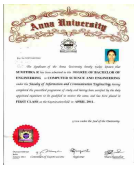
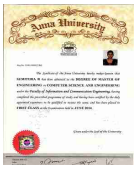
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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
Faculty ID	312078
Name of the Department	INFORMATION AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.TECH.-COMPUTER SCIENCE AND BUSINESS SYSTEMS
Name of the faculty member	MRS. SUMITHRA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/51 MARIAMMAN KOIL STREET THELLURE PALAYAM
Line 2	USSOOR 632105
District	VELLORE
Telephone number	-
Mobile number	+91 - 9003624402
Email	SUMIRAJA28@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DSNPS0160M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-10101000
Date of Birth	28-06-1989
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.	COMPUTER SCIENCE AND ENGINEERING	2011	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	74	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	GANADIPATHY TULSI'S JAIN ENGINEERING COLLEGE	ANNA UNIVERSITY	8.28	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	03-01-2025	25-01-2025	0	0	23
			Total	0	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
Faculty ID	291156
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 VENKATESAN
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 34, PAPATHI AMMAN KOIL STREET,ARNI
Line 2	ARNI-632301
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9790523875
Email	REKHARSHAN99@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DLEPR7368G
Passport Number	
Faculty code given by C.O.E.	5127314
Faculty code given by A.I.C.T.E.	1-43381125261
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 AND ENGINEERING	2014	PONNAIYAH RAMAJAYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - PRIST UNIVERSITY	8.76 CGPA	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - DR M G R POLYTECHNIC COLLEGE ARNI	OTHERS - LECTURER	25-05-2011	30-05-2012	1	0	6
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	22-08-2022	27-01-2025	2	5	6
OTHERS - SRI SITHEESWARAR POLYTECHNIC COLLEGE POONGODU ARCOT	OTHERS - LECTURER	15-12-2016	02-11-2019	2	10	19
			Total	6	4	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
Faculty ID	312279
Name of the Department	INFORMATION AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.TECH.-COMPUTER SCIENCE AND BUSINESS SYSTEMS
Name of the faculty member	MRS. KEERTHIKA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/126 GANDHI ROAD
Line 2	ARIYUR 632055
District	VELLORE
Telephone number	-
Mobile number	+91 - 9715214090
Email	KEERTHI273@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CDSPK0247A
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-11010000
Date of Birth	02-06-1991
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	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.3	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	GANADIPATHY TULSI'S JAIN ENGINEERING COLLEGE	ANNA UNIVERSITY	8.7	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	03-01-2025	27-01-2025	0	0	25
			Total	0	0	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)

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
Faculty ID	292020
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. AYYAPPAN SELVARAJ
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	153 MARIYAMMAN KOIL STREET ADI ANNAMALAI VILLAGE AND POST
Line 2	TIRUVANNAMALAI 606604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8190817008
Email	SAYYAPPANLAKSH@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BTSPA7395A
Passport Number	
Faculty code given by C.O.E.	5127144
Faculty code given by A.I.C.T.E.	1-2298773954
Date of Birth	08-05-1989
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.	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) ***	

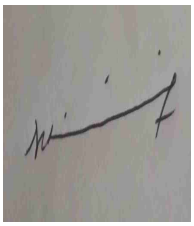
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	26-06-2014	27-01-2025	10	7	2
			Total	10	7	5

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)
20		5	525	

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
Faculty ID	292018
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	MS. RAMYA C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	251/1, NORTH KOTTA MATTU, S U VANAM
Line 2	ARNI-632314
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9042334604
Email	RAMYACHANDRAN1820@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	FCRPR5456R
Passport Number	
Faculty code given by C.O.E.	5127339
Faculty code given by A.I.C.T.E.	1-44719827967
Date of Birth	18-04-2000
Age	24
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	2020	OTHERS - SRI BHARATHI WOMENS ARTS AND SCIENCE	THIRUVALLUVAR UNIVERSITY	83	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2022	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	86	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 CHOCKZLINGAM ARTS COLLEGE	ASSISTANT PROFESSOR	19-09-2022	20-09-2024	2	0	2
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-10-2024	28-01-2025	0	3	28
			Total	2	3	1

V. Industrial Experience :

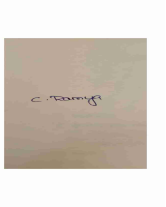
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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
Faculty ID	312633
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. ASHWINI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5HF MAIN STREET ELLAPAN NAGAR
Line 2	CHEYYAR 604407
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 7010223962
Email	ASHWIINIIS@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BAPPA6914H
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-11100000
Date of Birth	22-11-1989
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.	COMPUTER SCIENCE AND ENGINEERING	2011	KANCHI PALLAVAN ENGINEERING COLLEGE	ANNA UNIVERSITY	67	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2014	OTHERS - BHARATH UNIVERSITY	OTHERS - BHARATH UNIVERSITY	81.5	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) ***	

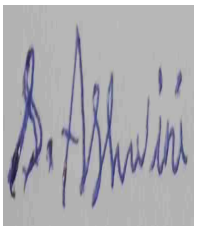
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-01-2025	28-01-2025	0	0	26
			Total	0	0	26

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
Faculty ID	313073
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	DR. T M KUMARAN
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	64/45 BAJANAI KOIL STREET
Line 2	THORAPADI 632002
District	VELLORE
Telephone number	-
Mobile number	+91 - 9677385734
Email	TMKUM78@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BLRPK2932A
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-11110000
Date of Birth	05-07-1978
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 - CHEMISTRY	1999	OTHERS - MUTHURANGAM ARTS COLLEGE	UNIVERSITY OF MADRAS	56	SECOND CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2003	OTHERS - ABDHUL HAKEEM ARTS COLLEGE	UNIVERSITY OF MADRAS	57	SECOND CLASS	
PH.D.	PH.D.	CHEMISTRY	2017	OTHERS - DRAVIDIAN UNIVERSITY	OTHERS - DRAVIDIAN UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	SYNTHESIS OF STARCH BASED BLENDS FOR TEXTILE AND WATER TREATMENT APPLICATION
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	ASSISTANT PROFESSOR	06-01-2025	29-01-2025	0	0	24
			Total	0	0	24

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
Faculty ID	307626
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	DR. BENAZIR BANU K M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	38/56, SILANTHI KUTTAI, KOLATHUR
Line 2	CHENNAI-600099
District	CHENNAI
Telephone number	-
Mobile number	+91 - 9677075485
Email	BENAKAJAH94@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DOJPB3273N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44725318674
Date of Birth	13-08-1994
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.SC.	OTHERS - PHYSICS	2015	OTHERS - ANNA ADHARSH COLLEGE	UNIVERSITY OF MADRAS	75	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2017	OTHERS - DG VAISHNAV	UNIVERSITY OF MADRAS	70	FIRST CLASS	
PH.D.	PH.D.	PHYSICS	2024	OTHERS - DR MGRERI	OTHERS - DR MGRERI	Y		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	EXPLORATION OF BINARY MIXTURE OF DIABETIC DRUGS WITH EDIBLE ACIDS THROUGH MOLECULAR INTERACTION INVESTIGATION AND ASCERTAINING USING SPECTROSCOPIC INSPECTIONS
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	ASSISTANT PROFESSOR	04-09-2024	27-01-2025	0	4	24
			Total	0	4	26

V. Industrial Experience :

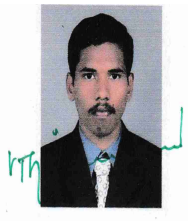
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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
Faculty ID	292923
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 VINAYAGAM
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	216,BAJANAI KOIL STREET
Line 2	PALAVANSATHU , THORAPADI POST
District	VELLORE
Telephone number	-
Mobile number	+91 - 9487266880
Email	AMARNATHVS12@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AVSPA8875C
Passport Number	
Faculty code given by C.O.E.	5127106
Faculty code given by A.I.C.T.E.	1-495482877
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	2007	OTHERS - VIT UNIVERSITY	OTHERS - VIT UNIVERSITY	7.5	FIRST CLASS	
P.G.	M.TECH.	OTHERS - APPLIED ELECTRONICS	2010	OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE UNIVERSITY	OTHERS - DRMGR EDUCATIONAL AND RESEARCH INSTITUTE UNIVERSITY	9.1	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	06-09-2010	27-01-2025	14	4	22
			Total	14	4	24

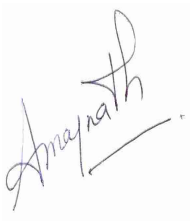
V. Industrial Experience :

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
Faculty ID	291452
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. K BHARATHI
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT 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	
Faculty code given by C.O.E.	5127034
Faculty code given by A.I.C.T.E.	1-1471211841
Date of Birth	09-06-1982
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.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	7.5	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	02-07-2012	27-01-2025	12	6	26
			Total	12	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)
7	7	2	150	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
Faculty ID	291569
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	7/207 YADHAVAR STREET, AVALURPET
Line 2	MELMALAIYANUR TALUK,604201
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 9965323216
Email	PORKODI.S27@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CRKPP4777Q
Passport Number	
Faculty code given by C.O.E.	5127363
Faculty code given by A.I.C.T.E.	1-43381125293
Date of Birth	01-07-1989
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	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) ***	

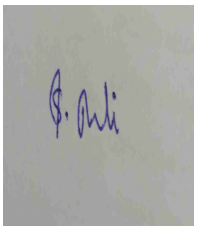
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	23-09-2022	27-01-2025	2	4	5
			Total	2	4	7

V. Industrial Experience :

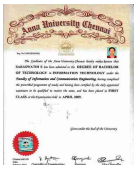
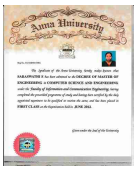
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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)

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
Faculty ID	291643
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	
Faculty code given by C.O.E.	5127313
Faculty code given by A.I.C.T.E.	1-9611639687
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.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.0	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	27-01-2025	2	5	2
OTHERS - K K S MANI POLYTECHNIC COLLEGE VALLAM	OTHERS - LECTURER	21-09-2020	22-08-2022	1	11	2
GANADIPATHY TULSI'S JAIN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2013	29-05-2014	0	10	29
			Total	5	3	6

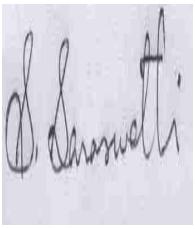
V. Industrial Experience :

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

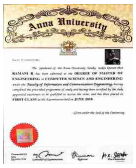
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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
Faculty ID	291775
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. RAMANI RAVI
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/20B ARIKARAI STREET SANGEETHAVADI VILLAGE
Line 2	ARNI TALUK ARNI 632504
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8838394306
Email	RRAMANIRAVI18@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CWKPR6708Q
Passport Number	
Faculty code given by C.O.E.	5127344
Faculty code given by A.I.C.T.E.	1-44722231031
Date of Birth	21-07-1994
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.TECH.	INFORMATION TECHNOLOGY	2015	ADHIPARASAKTHI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2018	RANIPETTAI ENGINEERING COLLEGE	ANNA UNIVERSITY	78	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-06-2024	27-01-2025	0	7	7
			Total	0	7	10

V. Industrial Experience :

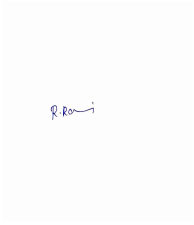
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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

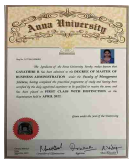
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)

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
Faculty ID	291781
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. GAYATHIRI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	384 NEW STREET
Line 2	PAZHANGAMUR 632317
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 6374933841
Email	GAYATHIRIRENU98@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CKIPG4166P
Passport Number	
Faculty code given by C.O.E.	5127337
Faculty code given by A.I.C.T.E.	1-44719827624
Date of Birth	25-11-1998
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.COM.	COMMERCE	2018	OTHERS - SRI BHARATHI ARTS COLLEGE	THIRUVALLUVAR UNIVERSITY	81	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2022	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	86	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	XX
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	11-07-2022	07-08-2024	2	0	28
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	08-08-2024	27-01-2025	0	5	20
			Total	2	6	20

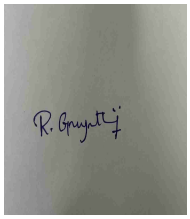
V. Industrial Experience :

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
Faculty ID	291873
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. ANNAPOORANI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	28 POLICE STATION
Line 2	ARNI 632301
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 6383388453
Email	ANNAPOORANI5550@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DKFPA6070L
Passport Number	
Faculty code given by C.O.E.	5127318
Faculty code given by A.I.C.T.E.	1-43803031901
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 ARTS 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 ARTS COLLEGE	ASSISTANT PROFESSOR	16-08-2021	31-08-2023	2	0	16
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-09-2023	27-01-2025	1	4	27
			Total	3	5	15

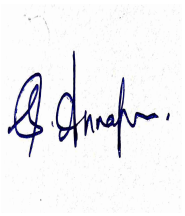
V. Industrial Experience :

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
Faculty ID	291943
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	1531 VANIYAR STREET
Line 2	RAGUNATHAPURAM 632316
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9566252980
Email	NJAGA838@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BFDPJ8471F
Passport Number	
Faculty code given by C.O.E.	5127335
Faculty code given by A.I.C.T.E.	1-43804553721
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	27-01-2025	1	5	7
ARS COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	13-09-2017	18-03-2020	2	6	6
			Total	3	11	18

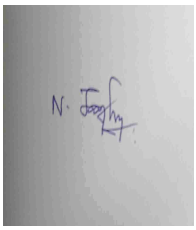
V. Industrial Experience :

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

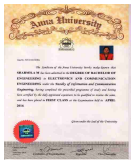
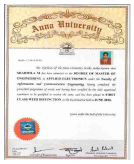
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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
Faculty ID	293281
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. SHARMILA MANI
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	50/74 SECOND CROSS STREET,DEVI NAGAR
Line 2	ARCOT
District	RANIPET
Telephone number	-
Mobile number	+91 - 7418904438
Email	SHARMILA.MANI34@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	FONPS8690A
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-4575550562
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	2014	C.ABDUL HAKEEM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.67	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2016	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	8.72	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	18-01-2017	27-01-2025	8	0	10
			Total	8	0	10

V. Industrial Experience :

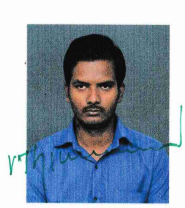
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

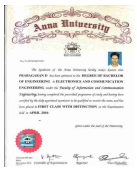
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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
Faculty ID	292028
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	731 A, ROAD STREET, AGRAPALAYAM VILLAGE POST
Line 2	ARNI TALUK
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8122356698
Email	PRABA.ARNI@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BPOPP8942J
Passport Number	
Faculty code given by C.O.E.	5127156
Faculty code given by A.I.C.T.E.	1-3274283515
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	27-01-2025	11	6	27
			Total	11	6	0

V. Industrial Experience :	

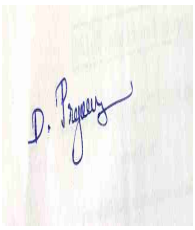
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

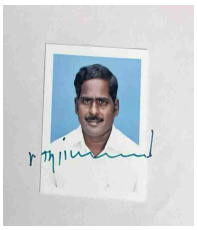
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)
2		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
Faculty ID	292044
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	ASSISTANT PROFESSOR
Residential Address Line 1	140 VELLORE SEVOOR
Line 2	ARNI 632316
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 7708679233
Email	KSIVAMBAPHD@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	DIDPS6821R
Passport Number	
Faculty code given by C.O.E.	5127016
Faculty code given by A.I.C.T.E.	1-495447843
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 - MUTHURANGAM ARTS COLLEGE	UNIVERSITY OF MADRAS	58	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2000	ADHIPARASAKTHI ENGINEERING COLLEGE	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	ASSISTANT PROFESSOR	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	27-01-2025	14	7	16
			Total	24	3	19

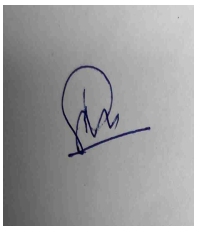
V. Industrial Experience :	

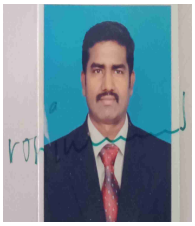
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

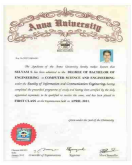
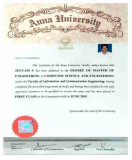
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)
10	12	100	100	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
Faculty ID	291342
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. SELVAM S SETTU
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12 METTU STREET VADATHANDALAM CHEYYAR
Line 2	CHEYYAR 604407
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9080961996
Email	LECTURERSELVAM@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	FQVPS9146D
Passport Number	
Faculty code given by C.O.E.	5127267
Faculty code given by A.I.C.T.E.	1-7459937129
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	27-01-2025	5	6	24
			Total	5	6	27

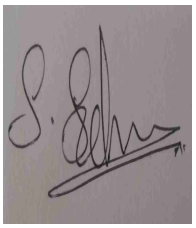
V. Industrial Experience :

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

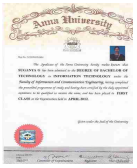
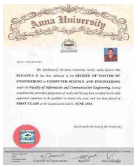
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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	300	9

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
Faculty ID	292996
Name of the Department	INFORMATION AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. G SUGANYA G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	149 BIG STREET VALLUVAMBAKKAM
Line 2	WALAJAPET 632513
District	RANIPET
Telephone number	-
Mobile number	+91 - 9344687709
Email	G.SUGANYAIT@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	LCVPS0348P
Passport Number	
Faculty code given by C.O.E.	5116038
Faculty code given by A.I.C.T.E.	1-10559217161
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	27-01-2025	3	4	1
KANCHI PALLAVAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	11-07-2014	30-06-2016	1	11	21
			Total	5	3	24

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	300	

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
Faculty ID	293171
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. S HEMARANI
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	33A PAVALA STREET ,KAMATCHIAMMAN PETTAI
Line 2	GUDIYATHAM
District	VELLORE
Telephone number	-
Mobile number	+91 - 9597741077
Email	BABUHEMA2015@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AQNPH4868G
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-4575190194
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	7.5	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2016	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	8.3	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	16-03-2022	27-01-2025	2	10	12
			Total	2	10	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
Faculty ID	291991
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. M ARIVARASU MANNU
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	213 PALLA STREET MATTAPIRAYUR VILLAGE
Line 2	POLUR TALUK 606904
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9566883644
Email	ARIVARASUM88@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BXZPA0610H
Passport Number	
Faculty code given by C.O.E.	5127355
Faculty code given by A.I.C.T.E.	1-44722849577
Date of Birth	02-05-1988
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	2011	SAVEETHA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	81	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	MAHA BARATHI ENGINEERING COLLEGE	ANNA UNIVERSITY	79	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
OTHERS - MALLA REDDY INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	24-04-2020	31-08-2024	4	4	7
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	20-09-2024	27-01-2025	0	4	8
			Total	4	8	19

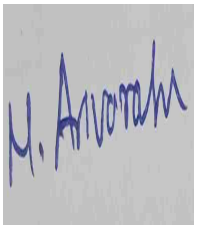
V. Industrial Experience :	

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
Faculty ID	293387
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	N0 15/52 PERIYA KAZHANI KATTU STREET, VELAPADI
Line 2	632001
District	VELLORE
Telephone number	-
Mobile number	+91 - 9600364763
Email	YUVARANIVIJAYALINGAM@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ALOPY7585K
Passport Number	
Faculty code given by C.O.E.	5127336
Faculty code given by A.I.C.T.E.	1-43800592097
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 - DRMGRCHOCKALINGAMARTSCOLLEGE	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 - DR MGR CHOCKALINGAM ARTS COLLEGE	ASSISTANT PROFESSOR	16-06-2021	25-07-2023	2	1	10
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	14-08-2023	28-01-2025	1	5	15
			Total	3	6	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
Faculty ID	293392
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 KOIL STREET, KATUKANALLUR
Line 2	ARNI,632312
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9994577658
Email	CHANDRU.CHANDRAKUMAR@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BJXPC2963H
Passport Number	
Faculty code given by C.O.E.	5127243
Faculty code given by A.I.C.T.E.	1-3540204254
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 - CSE	2015	OTHERS - VELTECH UNIVERSITY	OTHERS - VELTECH UNIVERSITY	7.37	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	01-07-2017	27-01-2025	7	6	27
			Total	7	6	0

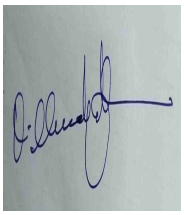
V. Industrial Experience :

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)
6		2	150	

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
Faculty ID	293401
Name of the Department	INFORMATION AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.TECH.-COMPUTER SCIENCE AND BUSINESS SYSTEMS
Name of the faculty member	MRS. PRABHAVATHY S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/216A KANNIKOVIL 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	
Faculty code given by C.O.E.	5127342
Faculty code given by A.I.C.T.E.	1-44724535924
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	82	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
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	27-01-2025	0	9	27
			Total	2	2	1

V. Industrial Experience :

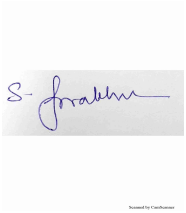
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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
Faculty ID	293569
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 HARI H
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7/77 W6 2ND CROSS STREET, PALLIKUDA STREET
Line 2	ARNIPALLIYAM,632301
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9952048702
Email	SUPERPRABU2006@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BMNPP6624F
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-488633631
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	28-01-2025	14	7	27
			Total	14	7	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
Faculty ID	294375
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	DR. GUNA SELVI G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/23 MARIYAMMAN KOVIL ST, CHINNAPALAMPAKKAM, VELLORE
Line 2	632113
District	VELLORE
Telephone number	-
Mobile number	+91 - 6379651297
Email	752RAMSELVI@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	ARRPG6275F
Passport Number	
Faculty code given by C.O.E.	5127359
Faculty code given by A.I.C.T.E.	1-44723547714
Date of Birth	28-09-1975
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.SC.	OTHERS - CHEMISTRY	1998	OTHERS - UNIVERSITY OF MADRAS	UNIVERSITY OF MADRAS	62.5	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2011	OTHERS - VINAYAGA MISSION	OTHERS - VINAYAGA MISSION	71	FIRST CLASS	
PH.D.	PH.D.	CHEMISTRY	2019	OTHERS - THIRUVALLUVAR UNIVERSITY	THIRUVALLUVAR UNIVERSITY	Y		
OTHERS - MPHIL	OTHERS - CHEMISTRY	OTHERS - CHEMISTRY	2013	OTHERS - DKM COLLEGE OF WOMENS	THIRUVALLUVAR 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	SYNTHESIS AND CHARACTERIZATION OF POLYMER BASED MATERIALS FOR ENVIRONMENTAL APPLICATIONS
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	ASSISTANT PROFESSOR	04-09-2024	27-01-2025	0	4	24
			Total	0	4	26

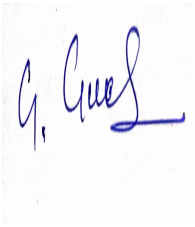
V. Industrial Experience :

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

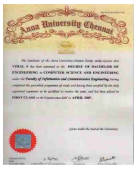
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)

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
Faculty ID	294411
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. VIMAL SAMPATH
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	64/16 BAVAJI STREET CHENGAM ROAD
Line 2	TIRUVANNAMALAI 606603
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9944905237
Email	SVIMAL07@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AWWPV2780Q
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-3543197467
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	27-01-2025	7	6	28
ANNAMALAIAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	15-05-2012	30-04-2013	0	11	17
			Total	8	6	18

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
Faculty ID	294423
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. S SRIVIDHYA
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	197/1 AMMAN KOIL STREET
Line 2	SEVOOR-632316
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9626930376
Email	CONTACTSRIVIDHYA@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	FAXPS2037H
Passport Number	
Faculty code given by C.O.E.	5127334
Faculty code given by A.I.C.T.E.	1-43859617336
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	76.4	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2014	KINGSTON ENGINEERING COLLEGE	ANNA UNIVERSITY	88.8	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	11-08-2023	27-01-2025	1	5	17
			Total	1	5	19

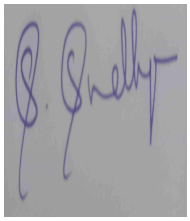
V. Industrial Experience :

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
Faculty ID	294511
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. HEMALATHA V V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/44 EARIKARAI STREET ADAYAPULAM VILLAGE
Line 2	ARNI, 632317
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9791187123
Email	GNANASATHYA1997@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BQNPH4784E
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44719829163
Date of Birth	17-03-1995
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.C.A.	COMPUTER APPLICATIONS	2015	OTHERS - SRI BHARATHI WOMENS ARTS AND SCIENCE COLLEGE	THIRUVALLUVAR UNIVERSITY	89	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2017	C.ABDUL HAKEEM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	86	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	03-06-2024	28-01-2025	0	7	26
OTHERS - DR MGR CHOCKALINGAM ARTS COLLEGE	ASSISTANT PROFESSOR	03-01-2022	30-12-2023	1	11	28
			Total	2	7	28

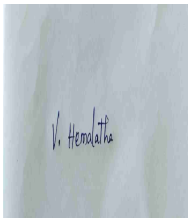
V. Industrial Experience :	

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)

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
Faculty ID	294667
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	N0 743, NAGARAJAN STREET VENKUNDRAM VILLAGE, VANDAVASI POST AND TALUK
Line 2	THIRUVANNAMALI, 604408
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8148521152
Email	PRAKASHKARKY@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DULPP8067G
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-43800591555
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	28-01-2025	1	6	8
OTHERS - DR MGR CHOCKALINGAM ARTS COLLEGE	ASSISTANT PROFESSOR	11-06-2018	17-07-2023	5	1	7
			Total	6	7	18

V. Industrial Experience :	

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

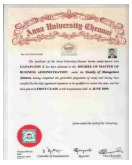
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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
Faculty ID	294826
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	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-7460245445
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 M G R CHOCKALINGAM ARTS COLLEGE	THIRUVALLUVAR UNIVERSITY	68	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2009	OTHERS - 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 M G R CHOCKALINGAM ARTS COLLECE	ASSISTANT PROFESSOR	15-06-2016	06-07-2019	3	0	22
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	08-07-2019	27-01-2025	5	6	20
			Total	8	7	15

V. Industrial Experience :

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

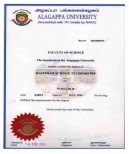
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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
Faculty ID	294832
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	DR. R SUMATHI
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	663 SANDHIYA NAGAR SEVOOR
Line 2	ARNI 632316
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9894093147
Email	SUMATHIKANNIAPPAN74@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	DSKPS8245G
Passport Number	
Faculty code given by C.O.E.	5127361
Faculty code given by A.I.C.T.E.	1-44722910284
Date of Birth	30-05-1974
Age	50
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	1994	OTHERS - AUXILIUM COLLEGE	UNIVERSITY OF MADRAS	68	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2010	OTHERS - ALAGAPPA UNIVERSITY	ALAGAPPA UNIVERSITY	68	FIRST CLASS	
PH.D.	PH.D.	CHEMISTRY	2016	OTHERS - THIRVALLUVAR UNIVERSITY	THIRUVALLUVAR UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	SYNTHESIS AND CHARACTERIZATION OF THIAZOLE COMPOUNDS AND ITS ANTI MICROBIAL PROPERTIES
III. Faculty in which Ph.D. was awarded	FACULTY OF SCIENCE AND HUMANITIES
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - THIRUVALLUVAR UNIVERSITY	OTHERS - RESEARCH SCHOLAR	30-06-2010	27-02-2015	4	7	28
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	18-07-2024	27-01-2025	0	6	10
OTHERS - ARCOT MAHALAKSHMI COLLEGE	ASSISTANT PROFESSOR	04-03-2015	29-06-2019	4	3	26
OTHERS - SRI BHARATHI COLLEGE	ASSISTANT PROFESSOR	01-07-2019	05-06-2021	1	11	5
			Total	11	5	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
Faculty ID	294923
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. RAVIKUMAR K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/157 PADAVETTAMMAN KOVIL STREET ADANUR VILLAGE
Line 2	ARNI 632317
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9092212150
Email	RAVIRIASM@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BMQPR5003M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44723745479
Date of Birth	16-06-1987
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.SC.	OTHERS - MATHEMATICS	2007	OTHERS - ARIGNAR ANNA GOVT ARTS COLLEGE	THIRUVALLUVAR UNIVERSITY	84	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2010	OTHERS - RAMANUJAN INSTITUTE FOR ADVANCED STUDY IN MATHEMATICS	UNIVERSITY OF MADRAS	63	FIRST CLASS	
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - MATHEMATICS	2012	OTHERS - THIRUVALLUVAR UNIVERSITY	THIRUVALLUVAR UNIVERSITY	77	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score : 180
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	15-07-2024	27-01-2025	0	6	13
			Total	0	6	16

V. Industrial Experience :

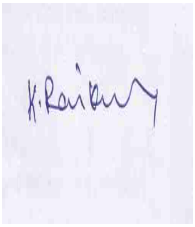
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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
Faculty ID	295053
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. PRABAKARAN MAHENDIRAN
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 8,1ST METTU STREET,AVALUR
Line 2	NEMILI TALUK,632531
District	RANIPET
Telephone number	-
Mobile number	+91 - 9500906005
Email	MPRABAKARANCSE@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CZTPP4582Q
Passport Number	
Faculty code given by C.O.E.	5127325
Faculty code given by A.I.C.T.E.	1-3378309471
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	DMI 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	27-01-2025	2	10	14
			Total	2	10	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 :