

# Anna University, Chennai Pollachi Institute of Engineering and Technology - 7236

# Consolidated\_Report

# 13.faculty

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	DR. DHANAMURUGAN A
Regular Or Adjunct	Regular
Image	O. Show we
Present Designation	PRINCIPAL
Residential Address Line 1	2, PANJAYATHU BOARD STREET, KOTTUR MALAYANDIPATTINAM,
Line 2	POLLACHI - 642114
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9524160950
Email	DHANAMURUGANA@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AJRPD7858D
Passport Number	
Aadhar Number	395437152295
Faculty code given by C.O.E.	7210039
Faculty code given by A.I.C.T.E.	2730488562
Date of Birth	15-05-1972
Age	51
I. Particulars of Educational Qualification : (only complet	ed)

Category	Name of the Degree	Specializatio n	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.	MECHANICA L ENGINEERIN G	1993	GOVERNME NT COLLEGE OF TECHNOLOG Y COIMBATOR E (AUTONOMO US)	UNIVERSITY OF MADRAS	60.13	FIRST CLASS	See the confidence of the conf
P.G.	М.ТЕСН.	OTHERS - WELDING ENGINEERIN G	2005	NATIONAL INSTITUTE OF TECHNOLOG Y,TIRUCHIRA PPALLI	NATIONAL INSTITUTE OF TECHNOLOG Y,TIRUCHIRA PPALLI	8.5	DISTINCTIO N	The second secon
PH.D.	PH.D.	MECHANICA L ENGINEERIN G	2017	OTHERS - ANNA UNIVERSITY CHENNAI	ANNA UNIVERSITY	YES		ans Willerson

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

Score : File :

II. Title of Ph.D. Thesis	EXPERIMENTAL INVESTIGATION OF BAEL BIODIESEL AS A FUEL IN A DIESEL ENGINE
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## III. Faculty in which Ph.D. was awarded FACULTY OF MECHANICAL ENGINEERING

IV. Academic Experience : ( Start from the Current working Experience ) \*

Name of the Callege	Darimontian	Isinia - Data	Relieving Date / Current Date	Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	<del>-</del>	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	PRINCIPAL	30-12-2017	08-03-2023	5	2	10
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSOCIATE PROFESSOR	29-06-2015	29-12-2017	2	6	1
NEHRU INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	18-07-2011	10-06-2015	3	10	24
NEHRU INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	13-05-2008	16-07-2011	3	2	4
OTHERS - KARPAGAM POLYTECHNIC COLLEGE	OTHERS - LECTURER	12-06-2000	11-08-2003	3	1	30
OTHERS - RUDHRAVENI MUTHUSWAMY POLYTECHNIC UDUMALPET	OTHERS - LECTURER	04-06-1999	09-06-2000	1	0	6
			Total	18	11	20

V. Industrial Experience :	
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Name of the	Designation	Nature of Work	of Work Loining Date Policying Date		Е	xperience	•
Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Years	Months	Days
GEM EQUIPMENTS COIMBATORE	MANAGER	QUALITY CONTROL	10-12-2004	12-05-2008	3	5	3
Total 3					3	5	5

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) 400	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	DR. ARULMOZHI G
Regular Or Adjunct	Regular
Image	4. Mary
<b>Present Designation</b>	PROFESSOR
Residential Address Line 1	THANNEER PANTHAL THOTTAM, VELLALAPALAYAM
Line 2	NEGAMAM, POLLACHI
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9791900172
Email	ARUL_NITHYA2000@YAHOO.COM
Gender	FEMALE
Community	BC
PAN Number	AALPA0601J
Passport Number	
Aadhar Number	611310147811
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	4839439961
Date of Birth	06-04-1955
Age	68
I. Particulars of Educational Qualification : (only con	mpleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEMA TICS	1975	OTHERS - SRI VISALAKS HI COLLEGE FOR WOMEN	BHARATHI YAR UNIVERSI TY	87	FIRST CLASS	Mariner or present
P.G.	M.SC.	OTHERS - MATHEMA TICS	1977	OTHERS - PSG COLLEGE OF ARTS AND SCIENCE	BHARATHI YAR UNIVERSI TY	62.5	FIRST CLASS	Section of the sectio
PH.D.	PH.D.	OTHERS - APPLIED STATISTIC S	1997	OTHERS - PSG COLLEGE OF ARTS AND SCIENCE	BHARATHI YAR UNIVERSI TY	80		Unful stated up to State of the
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - STATISTIC S	1986	OTHERS - PSG COLLEGE OF ARTS AND SCIENCE	BHARATHI YAR UNIVERSI TY	75	FIRST CLASS	THE REPORT OF THE PARTY OF THE

 $<sup>\ ^{*}</sup>$  Upload Scanned copy of Original Degree Certificate.

# $\textbf{I.a. Additional Qualification:-} \ \ \texttt{NO ADDITIONAL QUALIFICATION}$

Score : File :

II. Title of Ph.D. Thesis	REPAIRABLE M N RELIABILITY MODELS
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			Relieving Date / Current Date for Presently	Experience			
Name of the Conege			Working Institutions	Years	Months	Days	
P S G COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ASSOCIATE PROFESSOR	20-06-1977	19-05-2009	31	10	30	
DR MAHALINGAM COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	PROFESSOR	17-02-2010	02-05-2011	1	2	14	
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	PROFESSOR	01-06-2012	09-03-2023	10	9	9	
		Total 4					

## V. Industrial Experience:

Name of the	Designation	Designation Nature of Work	Ioining Data	Relieving Date	Experience		
Organisation	Designation		Joining Date		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	Squad	<b>External Examiner</b>	<b>Central Evaluation</b>	<b>Re-Evaluation</b>
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. JAYANTHI K
Regular Or Adjunct	Regular
Image	A. Ohauman
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	A. NAGORE SOUTH GARDEN, A. NAGORE POST,
Line 2	POLLACHI - 642 205
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9965045082
Email	JAYANTHIK12@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BCDPJ9380G
Passport Number	
Aadhar Number	392846557830
Faculty code given by C.O.E.	7236060
Faculty code given by A.I.C.T.E.	2697234683
Date of Birth	02-06-1991
Age	32
I. Particulars of Educational Qualification : (only completed)	)

Cate	gory	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.		B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2012	P A COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	8.9	FIRST CLASS	Anna Huiseray
P.G.		M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2014	DR MAHALIN GAM COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	8.3	FIRST CLASS	Anna Blitteraly  The state of t

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Е	xperience	
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	29-06-2015	09-03-2023	7	8	11
			Total	7	8	15

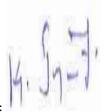
Name of the	Decignation	Nature of	Joining Date	Relieving Date	xperience	)
Organisation	Designation	Work	Johning Date		Months	Days

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

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

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. RAJAGURU C
Regular Or Adjunct	Regular
Image	4. Sharm
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	69,RAJARAJESHWARI NAGAR,T.KOTTAMPATTY,POLLACHI
Line 2	POLLACHI-642001
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9788272656
Email	CVRAJAGURU@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BHUPR0596Q
Passport Number	
Aadhar Number	826774419358
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7361177920
Date of Birth	09-05-1986
Age	37
I. Particulars of Educational Qualification : (only comp	leted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEER ING	2009	JAYAM COLLEGE OF ENGINEER ING AND TECHNOL OGY	ANNA UNIVERSI TY	75	FIRST CLASS	Laborating of the control of the con
P.G.	М.ТЕСН.	INFORMAT ION TECHNOL OGY	2011	SNS COLLEGE OF ENGINEER ING (AUTONO MOUS)	ANNA UNIVERSI TY	8.2	FIRST CLASS	A CONTROL OF THE PARTY OF THE P

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

Score : File :

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11.	111116	OI FII.	D. 1116919

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

## IV. Academic Experience :

( Start from the Current working Experience )  $\mbox{*}$ 

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience	•
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	30-06-2017	09-03-2023	5	8	10
OTHERS - KALAIVANI COLLEGE OF TECHNOLOGY	ASSISTANT PROFESSOR	24-01-2011	23-04-2014	3	2	31
			Total	8	11	16

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	Е	xperience	•
Organisation	Designation	Nature of Work	Joining Date	Keneving Date	Years	Months	Days

VI.	C.O.E.	<b>Appointment</b>	Experience	:

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

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

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY				
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING				
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING				
Name of the faculty member	MR. KALIDASAN M				
Regular Or Adjunct	Regular				
Image					
<b>Present Designation</b>	ASSISTANT PROFESSOR				
Residential Address Line 1	5/1-A ,SREE AMMAN ILLAM ,ABDUL NAGAR , ANAMALAI P.O				
Line 2	POLLACHI- 642104				
District	COIMBATORE				
Telephone number	-				
Mobile number	+91 - 9786240738				
Email	KALIDASAN.MADHAN@GMAIL.COM				
Gender	MALE				
Community	BC				
PAN Number	BAAPK9978E				
Passport Number					
Aadhar Number	789293318823				
Faculty code given by C.O.E.	7236019				
Faculty code given by A.I.C.T.E.	7363574338				
Date of Birth	18-12-1981				
Age	42				
I. Particulars of Educational Qualification : (only com	pleted)				

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEER ING	2005	M P NACHIMU THU M JAGANATH AN ENGINEER ING COLLEGE	ANNA UNIVERSI TY	73	FIRST CLASS	Annual Hallsterates of the second of the sec
P.G.	M.E.	POWER SYSTEMS ENGINEER ING	2011	ANNA UNIVESIT Y REGIONAL CAMPUS, COIMBAT ORE	ANNA UNIVERSI TY	8.91	DISTINCTI ON	A STATE OF THE PROPERTY OF THE

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

Score : File :

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П	Title	of Pi	ı 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	Experience		
Name of the conege	Designation	Joining Date	for Presently Working Institutions Years Month		Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	03-07-2013	09-03-2023	9	8	7
TAMILNADU COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-06-2011	10-06-2013	2	0	8
	Total					

V. Industrial Experience :	
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Name of the	Designation	Nature of	Ioining Date	Dollaring Data	Experience		
Organisation	Designation	Work	Joining Date	Relieving Date	Years	Months	Days
COMPUTER CONTROL CORPORATION	QUALITY CONTROL	TESTING CIRCUITS	23-06-2005	30-01-2006	0	7	7
KUMARAN ENGINEERING	SITE ENGINEER ELECTRICAL	SERVICE AND MAINTENANCE	16-11-2009	19-05-2011	1	6	4
				Total	2	1	11

VI. C.O.E. Appointment Experience :

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

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

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

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Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.EGENERAL ENGINEERING
Name of the faculty member	MS. SUGANTHI R
Regular Or Adjunct	Regular
Image	A CALLED
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/11, KONGAL NAGARAM
Line 2	TIRUPPUR - 642 205
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 8248422823
Email	PRINCIPAL@PIETECH.EDU.IN
Gender	FEMALE
Community	BC
PAN Number	OIIPS1229D
Passport Number	
Aadhar Number	838178699005
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43409579410
Date of Birth	06-04-1989
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2010	R V S COLLEGE OF ENGINEE RING AND TECHNOL OGY (MBA STAND ALONE)	ANNA UNIVERSI TY	73	FIRST CLASS	Anna Hatterapy  Anna Hatterapy
P.G.	M.E.	POWER ELECTRO NICS AND DRIVES	2013	BANNARI AMMAN INSTITUT E OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	9.1	FIRST CLASS	Anna Shiringariya

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the Conege	Designation Joining Date for Presently Working Institutions Years	Months	Days			
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-02-2023	09-03-2023	0	1	9
	Total					9

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

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

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

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

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MRS. VISHNUPRIYA K
Regular Or Adjunct	Regular
Image	Shaw
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	102 KARIKALA SOLAN STREET
Line 2	POLLACHI, 642001
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9943999977
Email	VISHNUMANO.JEEVA@GMAIL.COM
Gender	FEMALE
Community	ВС
PAN Number	AGDPV8224A
Passport Number	AGDPV8224A
Aadhar Number	915340666397
Faculty code given by C.O.E.	7236005
Faculty code given by A.I.C.T.E.	1471341739
Date of Birth	17-12-1981
Age	42
I. Particulars of Educational Qualification : (only	completed)

Category	Name of the Degree	Specializat ion	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	2003	OTHERS - NGM COLLEGE POLLACHI	BHARATHI YAR UNIVERSIT Y	74	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2005	OTHERS - NGM COLLEGE POLLACHI	BHARATHI YAR UNIVERSIT Y	77	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - PHYSICS	2009	OTHERS - BHARATHI DASAN UNIVERSIT Y	BHARATHI DASAN UNIVERSIT Y	58	SECOND CLASS	The second secon

 $<sup>\</sup>ensuremath{^*}$  Upload Scanned copy of Original Degree Certificate.

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			Relieving Date / Current Date	Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
KARPAGAM INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	27-08-2009	31-05-2012	2	9	5
OTHERS - NGM COLLEGE	OTHERS - LECTURER	20-07-2006	22-03-2007	0	8	3
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	05-07-2012	09-03-2023	10	8	5
			Total	14	1	15

Name of the	Designation	Nature of Work	Ioining Data	Polioving Date	Е	xperience	e
Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Years	Months	Days

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

Cupacity at	which service is e.	tended for the conduct of	Laminution during the	lust yeur
AUR		External Examiner	Central Evaluation	Re-Evaluation
(No. of	Squad Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No of days)	(No. of days)	Evaluated)	Evaluated)

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

K. Vish

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MR. VIJAYAKUMAR S
Regular Or Adjunct	Regular
Image	
<b>Present Designation</b>	ASSISTANT PROFESSOR
Residential Address Line 1	1/73A A.NAGOOR
Line 2	POLLACHI
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9688510399
Email	VIJAYSUBRAMANIAMSS@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AYGPV6583P
Passport Number	
Aadhar Number	472725157063
Faculty code given by C.O.E.	7236058
Faculty code given by A.I.C.T.E.	2732257952
Date of Birth	10-05-1986
Age	37
I. Particulars of Educational Qualification : (only com	pleted)

Category	Name of the Degree	Specializa tion	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 - CHEMISTR Y	2006	OTHERS - GOVT ARTS COLLEGE UDUMALP ET	BHARATHI YAR UNIVERSIT Y	58	SECOND CLASS	
P.G.	M.SC.	OTHERS - CHEMISTR Y	2012	OTHERS - KARPAGA M UNIVERSIT Y	OTHERS - KARPAGA M UNIVERSIT Y	87	DISTINCTI ON	A MANGOLINIESTT
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - CHEMISTR Y	2015	OTHERS - KARPAGA M UNIVERSIT Y	OTHERS - KARPAGA M UNIVERSIT Y	62	FIRST CLASS	Management of the control of the con

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

Score : File : 💌

II.	Title	of	Ph.D.	Thesis
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## 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	E	xperience	•
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-07-2015	09-03-2023	7	8	8
			Total	7	8	12

Name of the	Docianation	Nature of Work	Joining Date	Relieving Date	E	xperience	<b>.</b>
Organisation	Designation	Nature of Work	Joining Date	Keneving Date	Years	Months	Days

_	ppointment Exper which service is ex	ience : xtended for the conduct o	of Exmination during the	last year
AUR (No. of days) 4	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 informa	tion provided are true to the	e best of my knowledge.	

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MR. JEGAVEERA PANDIAN J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/60, NORTH STREET, AKANAPURAM, WATRAP
Line 2	VIRUDHUNAGAR - 626149
District	VIRUDHUNAGAR
Telephone number	-
Mobile number	+91 - 7418105521
Email	PRINCIPAL@PIETECH.EDU.IN
Gender	MALE
Community	BC
PAN Number	CBTPJ1762N
Passport Number	CBTPJ1762N
Aadhar Number	877899318372
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	11-05-1994
Age	29
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.A.	ENGLISH	2014	OTHERS - DURAISA MY NADAR MARIAM MAL COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	60	FIRST CLASS	Section 1 and 1 an
OTHERS - M.PHIL.	OTHERS - M.PHIL.	OTHERS - ENGLISH	2017	OTHERS - MANNAR THIRUMA LAI NAICKER COLLEGE OF ARTS AND SCIENCE	MADURAI KAMARAJ UNIVERSI TY	70	FIRST CLASS	
OTHERS - MA	OTHERS - M.A.	OTHERS - ENGLISH	2016	OTHERS - THENI COLLEGE OF ARTS AND SCIENCE	MADURAI KAMARAJ UNIVERSI TY	66	FIRST CLASS	

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Е	xperience	•
Name of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND FECHNOLOGY	ASSISTANT PROFESSOR	01-02-2023	13-04-2023	0	2	13
			Total	0	2	14

17	Industr	ial Evr	orion	co .
1/	Inductr	IAI FVI	MELLAN	

Name of the	Designation	Nature of	Joining Data	Policying Date	Е	experience	•
Organisation	Designation	Work	Joining Date	Relieving Date	Years	Months	Days
VI. C.O.E. App	-						

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

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

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. MASANIAMMAL K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	8/86/1, BOMMAN NAIKAR STREET,
Line 2	SUNDAKKAMPALAYAM, UDUMALPET
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 8012738016
Email	REKA.MATHS@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CMIPM9189A
Passport Number	
Aadhar Number	449178463338
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	3386934364
Date of Birth	19-06-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEM ATICS	2008	OTHERS - SRI GVG VISALAKS HI COLLEGE FOR WOMEN	BHARATH IYAR UNIVERSI TY	68	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEM ATICS	2010	OTHERS - SRI GVG VISALAKS HI COLLEGE FOR WOMEN	BHARATH IYAR UNIVERSI TY	77	FIRST CLASS	
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - MATHEM ATICS	2011	OTHERS - NGM COLLEGE	BHARATH IYAR UNIVERSI TY	76	OTHERS -	

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Е	xperience	•
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-01-2017	09-03-2023	6	2	8
			Total	6	2	9

Name of the	Designation	Nature of	Joining Date	Relieving Date	E	xperience	e
Organisation	Designation	Work	Johning Date		Years	Months	Days

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

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

days)   (No. of days)   (No. of days)   Evaluated)   Evaluated)
---

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

K. Mary

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MRS. SRIPRABHA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6, VKV LAYOUT, ALAGU NAGAR
Line 2	POLLACHI-642002
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9944048181
Email	SRIPRABHAENGLISH@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CFQPS0879Q
Passport Number	
Aadhar Number	807945335653
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	17482286340
Date of Birth	15-07-1979
Age	44
I. Particulars of Educational Qualification : (only compl	leted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.A.	ENGLISH	2001	OTHERS - KONGUNA DU ARTS AND SCIENCE COLLEGE	BHARATHI YAR UNIVERSI TY	64	FIRST CLASS	artiflet protes age and the second of the se
P.G.	OTHERS - M.A.	OTHERS - ENGLISH	2003	OTHERS - GOVT ARTS COLLEGE CBE	BHARATHI YAR UNIVERSI TY	65	FIRST CLASS	And for a constant of the cons
P.G.	OTHERS - M.PHIL.	OTHERS - ENGLISH	2004	OTHERS - MADURAI KAMRAJ UNIVERSI TY	MADURAI KAMARAJ UNIVERSI TY	59	SECOND CLASS	The second secon
Upload Sc	canned copy o	f Original Deg	gree Certif	icate.				
I <b>.a. Additio</b> Score : File :	onal Qualific	ation :- NO A	ADDITION	AL QUALIFIC	ATION			
II. Title of	Ph.D. Thesis	5						
III. Faculty	y in which Pl	h.D. was awa	rded					

IV. Academic Experience : ( Start from the Current working Experience ) \*

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience	e
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
S V S COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	30-07-2014	25-06-2019	4	10	27
KARPAGAM COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	18-09-2009	30-04-2010	0	7	13
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	11-08-2022	09-03-2023	0	6	30
OTHERS - COIMBATORE MARINE COLLEGE	OTHERS - LECTURER	10-01-2005	10-08-2007	2	7	1
ADITHYA INSTITUTE OF TECHNOLOGY	OTHERS - LECTURER	04-08-2008	16-01-2009	0	5	13
OTHERS - GOVT GIRLS HR SEC SCHOOL	OTHERS - PG ASSISTANT	03-06-2003	12-07-2004	1	1	10
ARJUN COLLEGE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-08-2013	30-06-2014	0	10	31
C M S COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2019	20-07-2022	3	0	20
			Total	14	2	28

## $\ \ \, \textbf{V. Industrial Experience:} \\$

Name of the	Decignation	Nature of Work	Joining Date	Relieving Date	E	xperience	9
Organisation	Designation	Nature of Work	Joining Date	Reneving Date	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	Squad	<b>External Examiner</b>	Central Evaluation	<b>Re-Evaluation</b>
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. PRAKASH R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/172A, S. MALAYANDIPATTINAM, SEELAKKAMPATTI POST,
Line 2	POLLACHI - 642 205
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 8973341308
Email	PRAKASHAUE@GMAIL.COM
Gender	MALE
Community	ВС
PAN Number	BVTPP2817H
Passport Number	
Aadhar Number	341685465865
Faculty code given by C.O.E.	7236072
Faculty code given by A.I.C.T.E.	2730575034
Date of Birth	29-03-1989
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	AUTOMOB ILE ENGINEE RING	2011	DR MAHALIN GAM COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	67	FIRST CLASS	The state of the s
P.G.	M.E.	CAD/CAM	2015	EASA COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.7	FIRST CLASS	August Africans (August

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Е	xperience	•
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	08-07-2015	08-03-2023	7	8	1
			Total	7	8	5

Name of the	Designation	Nature of	Joining Date	Relieving Date		xperience	9
Organisation	Designation	Work	Joining Date	Keneving Date	Years	Months	Days

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

days)   (No. of days)   (No. of days)   Evaluated)   Evaluated)
---

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

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. LEELAKRISHNAN A
Regular Or Adjunct	Regular
Image	A. Shannan
<b>Present Designation</b>	ASSISTANT PROFESSOR
Residential Address Line 1	3/133, SENTHOTTAM, SENJERIMALAI, SULTANPET, SULUR
Line 2	COIMBATORE - 641 669
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9715539371
Email	LEELAKRISHNAN.RASU@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AFZPL1443E
Passport Number	
Aadhar Number	867472366937
Faculty code given by C.O.E.	7236052
Faculty code given by A.I.C.T.E.	7350635228
Date of Birth	14-05-1988
Age	35
I. Particulars of Educational Qualification : (only c	ompleted)

Category	Name of the Degree	Specializa tion	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.	MECHANI CAL ENGINEER ING	2010	SASURIE COLLEGE OF ENGINEER ING	ANNA UNIVERSI TY	75	FIRST CLASS	Sent Harry
P.G.	M.E.	ENGINEER ING DESIGN	2013	OTHERS - KARPAGA M UNIVERSI TY	OTHERS - KARPAGA M UNIVERSI TY	71	FIRST CLASS	A LUX-CAN CONNECT TO THE PROPERTY OF THE PROPE

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-01-2015	08-03-2023	8	2	7
OTHERS - NV POLYTECHNIC COLLEGE	OTHERS - LECTURER	01-06-2010	31-12-2014	4	6	30
			Total	12	9	11

### V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Policying Date	xperience	•
Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Months	Days

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

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

'	quad 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.



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.EGENERAL ENGINEERING
Name of the faculty member	MRS. SHANTHI T
Regular Or Adjunct	Regular
Image	A.Ohaun
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/152, PONNAMAL THOTTAM, VELLALAPALAYAM, POLLACHI
Line 2	COIMBATORE - 642120
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 8883404237
Email	SHANTHI21294@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	GMVPS4771P
Passport Number	
Aadhar Number	212799394256
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9609715843
Date of Birth	21-02-1994
Age	29
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	в.тесн.	INFORMA TION TECHNOL OGY	2016	SRI ESHWAR COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	8.42	FIRST CLASS	And Altitreatify to the second of the second
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2018	SRI ESHWAR COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	8.40	FIRST CLASS	And Bulletterity  And Bullette

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 )  $\mbox{*}$ 

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Е	xperience	•
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-02-2023	09-03-2023	0	1	9
	Total					9

Name of the	Designation	Nature of	Joining Date	Relieving Date	xperience	•
Organisation	Designation	Work	Joining Date	Kellevilly Date	Months	Days

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

days)   (No. of days)   (No. of days)   Evaluated)   Evaluated)
---

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MS. BRINDHA R
Regular Or Adjunct	Regular
Image	A Oh
<b>Present Designation</b>	ASSISTANT PROFESSOR
Residential Address Line 1	5/32, KALLAPPALAYAM, PERIYAPATTI POST,
Line 2	UDUMALPET
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9659918557
Email	BRINDHADM@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BOQPB0462Q
Passport Number	
Aadhar Number	612921041923
Faculty code given by C.O.E.	7236080
Faculty code given by A.I.C.T.E.	3204493533
Date of Birth	02-06-1992
Age	31
I. Particulars of Educational Qualification : (only completed	)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2013	KATHIR COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	7.8	FIRST CLASS	and Huisraily  And Annual Annu
P.G.	M.E.	APPLIED ELECTRO NICS	2015	SRI ESHWAR COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	8.53	DISTINCT ION	The first and the second of th

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the College	Designation	Johning Date	Working Institutions	Years	Months	Days
N S N COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	22-06-2015	14-06-2016	0	11	23
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ENGINEERING AND PROFESSOR (	01-07-2016	09-03-2023	6	8	9
	Total 7					

Name of the	Designation	Nature of	Joining Date	Relieving Date		xperience	•
Organisation	Designation	Work	Johning Date	Keneving Date	Years	Months	Days

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

days)   (No. of days)   (No. of days)   Evaluated)   Evaluated)
---

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

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY				
Name of the Department	CIVIL ENGINEERING				
Name of the Degree & Course	B.ECIVIL ENGINEERING				
Name of the faculty member	MR. BABU N				
Regular Or Adjunct	Regular				
Image	A. Shapin				
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	C/38, 3RD MAIN ROAD, PAP COLONY, MAKKINAMPATTI POST,				
Line 2	POLLACHI				
District	COIMBATORE				
Telephone number	-				
Mobile number	+91 - 8870161233				
Email	BABUMAIL1812@GMAIL.COM				
Gender	MALE				
Community	SC				
PAN Number	CBAPB7959N				
Passport Number					
Aadhar Number	792261725347				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	7360131375				
Date of Birth	18-12-1990				
Age	33				
I. Particulars of Educational Qualification : (only completed	)				

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2012	OTHERS - RAJA COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	76.7	FIRST CLASS	Aus Altigraphy  - A state of the state of th
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2018	ADITHYA INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	78	FIRST CLASS	Anni Hitteraty  Anni Hitteraty

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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	Experience		
rume of the conego	Designation Johning Dut		Working Institutions	Years	Months	Days
OTHERS - GRG POLYTECHNIC COLLEGE	OTHERS - LECTURER	19-06-2015	30-11-2015	0	5	12
OTHERS - PA POLYTECHNIC COLLEGE	OTHERS - LECTURER	13-06-2012	13-05-2015	2	11	1
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	OF ENGINEERING AND ROFESSOR (		09-03-2023	4	8	8
	Total 8					

Name of the	Designation	Nature of	Joining Date	Relieving Date	-	xperience	•
Organisation	Designation	Work	Joining Date	Kellevilly Date	Years	Months	Days

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

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

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

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY			
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING			
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING			
Name of the faculty member	MRS. PRIYA R			
Regular Or Adjunct	Regular			
Image	Jan			
Present Designation	ASSISTANT PROFESSOR			
Residential Address Line 1	5/181, KONGURAR MILL GATE, PETHAPPAMPATTI			
Line 2	UDUMALPET - 642 205 TIRUPPUR			
District				
Telephone number	-			
Mobile number	+91 - 9750833180			
Email	PRIYA.PIETECH@GMAIL.COM			
Gender	FEMALE			
Community	MBC			
PAN Number	CCUPP6147F			
Passport Number				
Aadhar Number	443379860767			
Faculty code given by C.O.E.	7236034			
Faculty code given by A.I.C.T.E.	2310321219			
Date of Birth	07-07-1988			
Age	35			
I. Particulars of Educational Qualification : (only completed	)			

Cate	egory	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.		B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2010	DR MAHALIN GAM COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	78	FIRST CLASS	And Believery  And Theorety  A
P.G.		M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2014	A S L PAULS COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.6	FIRST CLASS	and Thirtreip   The state of th

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 Callege	Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience	•
Name of the College	Designation	Joining Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2014	09-03-2023	8	8	9
			Total	8	8	13

Name of the	Designation	Nature of	Joining Date	Relieving Date	Е	xperience	<b>.</b>
Organisation	Designation	Work	Joining Date		Years	Months	Days

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

days)   (No. of days)   (No. of days)   Evaluated)   Evaluated)
---

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

R. Page [R. PRIYA]

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY			
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING			
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING			
Name of the faculty member	MRS. NAGASARATHA P			
Regular Or Adjunct	Regular			
Image				
<b>Present Designation</b>	ASSISTANT PROFESSOR			
Residential Address Line 1	A2, SHYAMALA APARTMENT, RATHINAM NAGAR, KERALA SAMAJAM			
Line 2	POLLACHI -642002			
District	COIMBATORE			
Telephone number	-			
Mobile number	+91 - 9384161084			
Email	NAGASARATHA1976@GMAIL.COM			
Gender	FEMALE			
Community	ВС			
PAN Number	AFBPN5001J			
Passport Number				
Aadhar Number	472483813589			
Faculty code given by C.O.E.				
Faculty code given by A.I.C.T.E.	43411938701			
Date of Birth	25-02-1976			
Age	47			
I. Particulars of Educational Qualification : (on	ly completed)			

Category	Name of the Degree	Specializa tion	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.	ELECTRO NICS AND COMMUNI CATION ENGINEER ING	1997	GOVERNM ENT COLLEGE OF TECHNOL OGY COIMBATO RE (AUTONO MOUS)	ANNA UNIVERSI TY	70	FIRST CLASS	
P.G.	M.E.	POWER ELECTRO NICS AND DRIVES	2006	SRI RAMAKRIS HNA ENGINEER ING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	70	FIRST CLASS	Secretary and the secretary an

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 Callege		Relieving Date / Current Date	Experience			
Name of the College	ge Designation Join		for Presently Working Institutions	Years	Months	Days
S V S COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-06-2019	30-11-2020	1	5	4
NANDHA ENGINEERING COLLEGE (AUTONOMOUS)	OTHERS - LECTURER	19-07-2006	04-06-2010	3	10	17
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	10-08-2022	06-03-2023	0	6	28
P A COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	09-06-2010	31-10-2016	6	4	22
			Total	12	3	13

V. Industrial Experience :	
----------------------------	--

Name of th Organisatio	Decianation	Nature of Work	Joining Date	Relieving Date	Years	Experience Months	
VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year							
AUR Squad External Examiner Central Evaluation (No. of Member (Practical) (No. of scripts days) (No. of days) (No. of days) Evaluated) Evaluated)							
is certified	that all the inform	ation provided are tru	ne to the best of m	y knowledge.			
P. Nagrate							
22 2							
	(P	NAGA SARATHA)					
ignature of	the Faculty:	150					

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY		
Name of the Department	SCIENCE AND HUMANITIES		
Name of the Degree & Course	S&H-CHEMISTRY		
Name of the faculty member	MRS. MANJU PARGHAVI S		
Regular Or Adjunct	Regular		
Image	A Sharyer		
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	3/1 PS ARUMUGAM LAY OUT		
Line 2	POLLACHI , 642001		
District	COIMBATORE		
Telephone number	-		
Mobile number	+91 - 9715489993		
Email	MANJUPARGHAVI@GMAIL.COM		
Gender	FEMALE		
Community	BC		
PAN Number	BVHPM2838M		
Passport Number			
Aadhar Number	290807335932		
Faculty code given by C.O.E.	7236003		
Faculty code given by A.I.C.T.E.	1474001623		
Date of Birth	02-03-1985		
Age	38		
I. Particulars of Educational Qualification : (only com	pleted)		

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - CHEMIST RY	2005	OTHERS - NGM COLLEGE POLLACHI	BHARATHI YAR UNIVERSI TY	79.44	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMIST RY	2007	OTHERS - MAHENDR A ARTS AND SCIENCE COLLEGE THIRUCH ANGODE	PERIYAR UNIVERSI TY	68.8	FIRST CLASS	The second secon
OTHERS - M PHIL	OTHERS - M PHIL	OTHERS - CHEMIST RY	2009	OTHERS - VINAYAKA MISSIONS	OTHERS - VINAYAKA MISSIONS	60	FIRST CLASS	The state of the s

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the Conege	Designation	Designation Johning Date	Working Institutions	Years	Months	Days
KARPAGAM INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	07-07-2008	31-05-2012	3	10	25
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	05-07-2012	09-03-2023	10	8	5
	Total					4

Name of the	Decignation	ignation Nature of Work	Joining Date	Policying Date	Experience		
Organisation	Designation	Nature of Work		Keneving Date	Years	Months	Days

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

AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)
udy5)	(110. of days)	(110: of days)	Evaluatea)	

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. GEETHA N
Regular Or Adjunct	Regular
Image	
<b>Present Designation</b>	ASSISTANT PROFESSOR
Residential Address Line 1	VAIKA MEDU THOTTAM,SANTHEYGOUNDEN PALAYAM
Line 2	POLLACHI-642004
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 7826094344
Email	GEETHANATARAJAN2412@GMAIL.COM
Gender	FEMALE
Community	ВС
PAN Number	AVZPN2267J
Passport Number	
Aadhar Number	954797347327
Faculty code given by C.O.E.	7236086
Faculty code given by A.I.C.T.E.	3607180163
Date of Birth	24-12-1987
Age	36
I. Particulars of Educational Qualification : (o	nly completed)

Category	Name of the Degree	Specializat ion	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.	COMPUTE R SCIENCE AND ENGINEER ING	2010	SRI KRISHNA COLLEGE OF ENGINEER ING	ANNA UNIVERSIT Y	80	FIRST CLASS	And Hairrain
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEER ING	2013	ADHIYAMA AN COLLEGE OF ENGINEER ING (AUTONOM OUS)	ANNA UNIVERSIT Y	8.7	FIRST CLASS	Management of the control of the con

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 D		Relieving Date / Current Date	Experience			
	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days	
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	30-06-2017	09-03-2023	5	8	10	
DR MAHALINGAM COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	OTHERS - LECTURER	28-06-2010	31-05-2011	0	11	3	
OTHERS - AMS ENGINEERING COLLEGE	ASSISTANT PROFESSOR	25-07-2013	14-06-2017	3	10	21	
	Total						

# $\ \ \, \textbf{V. Industrial Experience:} \\$

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	E	xperience	•
Organisation	Designation	Nature of Work	Joining Date		Years	Months	Days

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

Capacity at w	apacity at which service is extended for the conduct of eximination 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.

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.EGENERAL ENGINEERING
Name of the faculty member	MS. LAKSHMI B
Regular Or Adjunct	Regular
Image	4. Ohoungan
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/313, THAMBU NAGAR, BODIPATTI
Line 2	UDUMALPET
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9976006793
Email	LAXMILENO@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	AKHPL5161G
Passport Number	AKHPL5161G
Aadhar Number	538995789576
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	3380244390
Date of Birth	16-11-1986
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - COMPUTE R SCIENCE	2009	OTHERS - GOVT ARTS COLLEGE	BHARATH IYAR UNIVERSI TY	76	FIRST CLASS	And the state of t
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2013	P A COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	8.1	FIRST CLASS	and Huiters;
P.G.	M.C.A.	MASTER OF COMPUTE R APPLICAT IONS	2011	KONGU ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	80	FIRST CLASS	The second of th

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 ) st

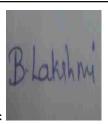
Name of the College	Designation	Designation Joining Date		Experience			
	Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
	OLLACHI INSTITUTE OF ENGINEERING AND ECHNOLOGY	ASSISTANT PROFESSOR	109 01 9017		6	2	8
		6	2	9			

Name of the	Decignation	Nature of	Joining Date	Relieving Date		xperience	
Organisation	Designation	Work	Johning Date	Keneving Date	Years	Months	Days

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

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

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. KAVITHA MS
Regular Or Adjunct	Regular
Image	Jana Jana
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6/8, SHARADA KIRUPA APARTMENT, SIVANANDHA COLONY
Line 2	COIMBATORE, 641012
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9787430397
Email	KAVIKTG@GMAIL.COM
Gender	FEMALE
Community	ВС
PAN Number	CASPK0897B
Passport Number	J1508075
Aadhar Number	595872195157
Faculty code given by C.O.E.	7228100
Faculty code given by A.I.C.T.E.	2190940569
Date of Birth	15-03-1989
Age	34
I. Particulars of Educational Qualification : (only complete	ed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	В.ТЕСН.	INFORMA TION TECHNOL OGY	2010	VIVEKAN ANDHA INSTITUT E OF ENGINEE RING AND TECHNOL OGY FOR WOMEN	ANNA UNIVERSI TY	79	FIRST CLASS	Anni Malarray
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2013	SRI SHAKTHI INSTITUT E OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	82.3	FIRST CLASS	Annual Albridge and the second of the second

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the Conege	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	21-11-2022	09-03-2023	0	3	19
SRI ESHWAR COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	19-06-2013	27-08-2022	9	2	9
	Total					

1	٧.	Industrial	Experience	:
---	----	------------	------------	---

Name of the	Designation	Nature of	f Joining Date Relieving		Е	Experience	
Organisation	Designation	Work	Joining Date	Date	Years	Months	Days
DIGITAL NIRVANA INFORMATIO N SYSTEMS PVT LTD	JUNIOR SCORER	EVALUATING THE JAPANESE GTECH EXAMINATIO N PAPERS	27-10-2010	19-08-2011	0	9	24
NOBEL SOFTECH	TRAINEE SOFTWARE DEVLOPER	TRAINED IN DOT NET FRAMEWORK	01-06-2010	30-09-2010	0	3	30
				Total	1	1	24

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

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

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

	<u> </u>
Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MS. KIRUTHIKA G
Regular Or Adjunct	Regular
Image	4 Sharpland
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/31 A, KOVILPALAYAM ROAD, KALIYAPPAMPALAYAM,
Line 2	NEGAMAM, POLLACHI - 642120
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9524458849
Email	KIRUTHIKAPIETECH@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CRHPK5841D
Passport Number	
Aadhar Number	859569240103
Faculty code given by C.O.E.	7236046
Faculty code given by A.I.C.T.E.	7363574405
Date of Birth	22-03-1991
Age	32
I. Particulars of Educational Qualification : (only comp	pleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEER ING	2012	TAMILNAD U COLLEGE OF ENGINEER ING	ANNA UNIVERSI TY	7.83	FIRST CLASS	ma liviere;
P.G.	M.E.	POWER SYSTEMS ENGINEER ING	2014	M KUMARAS AMY COLLEGE OF ENGINEER ING (AUTONO MOUS)	ANNA UNIVERSI TY	9.45	DISTINCTI ON	man Almerety,  and the second of the second

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	E	xperience	<del>)</del>
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2014	09-03-2023	8	8	9
			Total	8	8	13

#### V. Industrial Experience :

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	E	xperience	9
Organisation	Designation	Nature of Work	Joining Date	Keneving Date	Years Months	Days	

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

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

	oupuore, ue			<u> </u>	20 2430 y 0422
	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)
ı	uuys)	(140. of days)	(140. of days)	Lvaraatea)	Lvalaatea)

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

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. SUBASINI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	30/12, RAJA RAMANNA NAGAR, PALAKKAD ROAD,
Line 2	POLLACHI
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9894831134
Email	RSUBASINI_26@YAHOO.CO.IN
Gender	FEMALE
Community	BC
PAN Number	DNJPS4032K
Passport Number	
Aadhar Number	600753709100
Faculty code given by C.O.E.	7236010
Faculty code given by A.I.C.T.E.	1469488263
Date of Birth	26-04-1978
Age	45
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEM ATICS	1998	OTHERS - NALLAMU THU GOUNDER MAHALIN GAM COLLEGE	BHARATH IYAR UNIVERSI TY	89	FIRST CLASS	The state of the s
P.G.	M.SC.	OTHERS - MATHEM ATICS	2000	OTHERS - NALLAMU THU GOUNDER MAHALIN GAM COLLEGE	BHARATH IYAR UNIVERSI TY	86	FIRST CLASS	A CONTROL OF THE PROPERTY OF T
OTHERS - M PHIL	OTHERS - M PHIL	OTHERS - MATHEM ATICS	2002	OTHERS - NALLAMU THU GOUNDER MAHALIN GAM COLLEGE	BHARATH IYAR UNIVERSI TY	76	FIRST CLASS	Section 1 and 1 an

## 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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
KARPAGAM COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	30-06-2006	26-06-2012	5	11	27
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	27-02-2018	09-03-2023	5	0	11
MAHARAJA ENGINEERING COLLEGE	OTHERS - LECTURER	15-07-2002	30-12-2002	0	5	16
MAHARAJA ENGINEERING COLLEGE	OTHERS - LECTURER	11-07-2003	26-05-2006	2	10	16
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	05-07-2012	26-02-2018	2018 5		22
_			Total	20	0	3

## V. Industrial Experience :

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

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

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

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

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY		
Name of the Department	SCIENCE AND HUMANITIES		
Name of the Degree & Course	S&H-MATHEMATICS		
Name of the faculty member	MS. BIRUNDHA S		
Regular Or Adjunct	Regular		
Image	A. Original of the state of the		
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	2/149, VELLALAPALAYAM POST, NEGAMAM,		
Line 2	POLLACHI - 642 120		
District	COIMBATORE		
Telephone number	-		
Mobile number	+91 - 9688019532		
Email	BIRUNDHA.14@GMAIL.COM		
Gender	FEMALE		
Community	BC		
PAN Number	BTYPB9544A		
Passport Number			
Aadhar Number	499292828416		
Faculty code given by C.O.E.	7236032		
Faculty code given by A.I.C.T.E.	2310321179		
Date of Birth	14-05-1990		
Age	33		
I. Particulars of Educational Qualification : (only completed)			

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEM ATICS	2010	OTHERS - NALLAMU THU GOUNDER MAHALIN GAM COLLEGE	BHARATH IYAR UNIVERSI TY	88.5	FIRST CLASS	The state of the s
P.G.	M.SC.	OTHERS - MATHEM ATICS	2012	OTHERS - NALLAMU THU GOUNDER MAHALIN GAM COLLEGE	BHARATH IYAR UNIVERSI TY	92	FIRST CLASS	
OTHERS - M PHIL	OTHERS - M PHIL	OTHERS - MATHEM ATICS	2014	OTHERS - NALLAMU THU GOUNDER MAHALIN GAM COLLEGE	BHARATH IYAR UNIVERSI TY	62	FIRST CLASS	

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Е	xperience	<b>)</b>
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	09-07-2014	09-03-2023	8	8	1
			Total	8	8	5

V. Industrial Experience :	
----------------------------	--

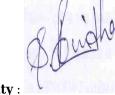
Name of the Organisation	Designation	Nature of	Joining Date	Relieving Date	E	xperience	•
Organisation	Designation	Work	Johning Date	Kellevilly Date	Years	Months	Days

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

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

	AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
	(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
	days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)
ı	1 3 - 7	(======================================	(======================================		

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY		
Name of the Department	SCIENCE AND HUMANITIES		
Name of the Degree & Course	S&H-PHYSICS		
Name of the faculty member	DR. VIGNESELVAN S		
Regular Or Adjunct	Regular		
Image	A. Ohanna		
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	1/140,UPS THOTTAM, PUNGAMUTHUR		
Line 2	TIRUPPUR,642207		
District	TIRUPPUR		
Telephone number	-		
Mobile number	+91 - 9543363889		
Email	PRINCIPAL@KITCBE.COM		
Gender	MALE		
Community	BC		
PAN Number	BBJPV7107G		
Passport Number			
Aadhar Number	835326099064		
Faculty code given by C.O.E.			
Faculty code given by A.I.C.T.E.	110971126381		
Date of Birth	28-06-1992		
Age	31		
I. Particulars of Educational Qualification : (only completed)			

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - PHYSICS	2012	OTHERS - SRI RAMAKRI SHNA MISSION VIDYALAY A COLLEGE OF ARTS AND SCIENCE	BHARATH IYAR UNIVERSI TY	59	SECOND CLASS	The state of the s
P.G.	M.SC.	OTHERS - PHYSICS	2014	OTHERS - GOVERN MENT ARTS COLLEGE UDUMALP ET	BHARATH IYAR UNIVERSI TY	65	FIRST CLASS	The second secon
PH.D.	PH.D.	OTHERS - NANO TECHNOL OGY	2021	GOVERN MENT COLLEGE OF TECHNOL OGY COIMBAT ORE (AUTONO MOUS)	ANNA UNIVERSI TY	YES		and Illituresty  And Il
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - PHYSICS	2016	OTHERS - BHARATH IAR UNIVERSI TY	BHARATH IYAR UNIVERSI TY	YES	FIRST CLASS	region speed agent

 $<sup>\</sup>ensuremath{^*}$  Upload Scanned copy of Original Degree Certificate.

Score : File :

II. Title of Ph.D. Thesis	PREPARATION OF COPPER AND TIN- DOPED CERIUM OXIDE NANOPARTICLES FOR HUMIDITY SENSOR
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	College Designation		Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	28-11-2022	09-03-2023	0	3	12
KIT - KALAIGNARKARUNANIDHI INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	22-11-2021	31-07-2022	0	8	9
	•		Total	0	11	26

### V. Industrial Experience :

Name of the	Designation Nature of Work Joining Date Relieving		Dolioving Date	E	xperience	•	
Organisation	Designation	Work	Joining Date	Relieving Date	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	Squad	<b>External Examiner</b>	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. ARUN PRASAD B
Regular Or Adjunct	Regular
Image	4 olar
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/10, PERIA VALAVADI,
Line 2	UDUMALPET, 642132
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9965877899
Email	URFUTUREARUN@GMAIL.COM
Gender	FEMALE
Community	ВС
PAN Number	BTKPA8343Q
Passport Number	
Aadhar Number	489992606406
Faculty code given by C.O.E.	7236027
Faculty code given by A.I.C.T.E.	9316087973
Date of Birth	10-01-1987
Age	36
I. Particulars of Educational Qualification : (only comp	oleted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2008	DR MAHALIN GAM COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	66	FIRST CLASS	Barrelling (Carlotte Carlotte
P.G.	M.E.	ENERGY ENGINEE RING	2013	KUMARAG URU COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	8.47	FIRST CLASS	Annua Ministrative Comment of the Co

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Name of the College Designation Joining D		Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2013	09-03-2023	9	8	9
			Total	9	8	13

Name of the	Designation	Nature of	Nature of Joining Date	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date	Keneving Date	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) 5  Squad Member (No. of days)	External Examiner	Central Evaluation	Re-Evaluation
	(Practical)	(No. of scripts	(No. of scripts
	(No. of days)	Evaluated)	Evaluated)

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MRS. PERIANAYAGAM S
Regular Or Adjunct	Regular
Image	
<b>Present Designation</b>	ASSISTANT PROFESSOR
Residential Address Line 1	10, VENKITTARAYAN THOTTAM, O.K. CHETTIPALAYAM,
Line 2	COIMBATORE 642201
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9788121721
Email	NAYAGAMBHARAATHI2011@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BZFPP9115A
Passport Number	
Aadhar Number	316408358392
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	3389170696
Date of Birth	15-10-1982
Age	41
I. Particulars of Educational Qualification : (only com	pleted)

Category	Name of the Degree	Specializat ion	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	2003	OTHERS - ARULMIGU PALANI ANDAVAR COLLEGE FOR WOMEN	OTHERS - KAMARAJ UNIVERSIT Y MADURAI	64	FIRST CLASS	Achard Annual Interests  Control Annual Inte
P.G.	M.SC.	OTHERS - PHYSICS	2007	OTHERS - PKR ARTS COLLEGE FOR WOMEN GOBI	BHARATHI YAR UNIVERSIT Y	82	FIRST CLASS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - PHYSICS	2008	OTHERS - SRKMV COLLEGE	BHARATHI YAR UNIVERSIT Y	58	SECOND CLASS	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Name of the College Designation Joining Date		Relieving Date / Current Date for Presently	Experience		
Name of the conege			Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	09-01-2017	09-03-2023	6	2	1
			Total	6	2	2

Name of the	Designation	Nature of Work	Ioining Date	Doliaring Data	E	xperience	<del></del>
Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Years	Months	Days

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

capacity at w	apacity at which service is extended for the conduct of Eximilation 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.



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. VIJAYAKUMAR N
Regular Or Adjunct	Regular
Image	Sharya
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/16, SOUNDAMMAN KOVIL STREET, SULEESWARANPATTI,
Line 2	POLLACHI - 642 006
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9500774616
Email	NVIJAY3988@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AMFPV1422N
Passport Number	
Aadhar Number	454405945433
Faculty code given by C.O.E.	7236026
Faculty code given by A.I.C.T.E.	2189239770
Date of Birth	03-09-1988
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2010	DR MAHALIN GAM COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	68	FIRST CLASS	And Hattergy
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2013	P A COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	7.9	FIRST CLASS	And Theorem 1 and

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 Data	Relieving Date / Current Date for Presently		xperience	ence	
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days	
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	NEERING AND ASSISTANT PROFESSOR		09-03-2023	9	7	24	
	9	7	27				

Name of the	Decignation	Nature of	Joining Date	Relieving Date		xperience	rience	
Organisation	Designation	Work	Joining Date	Refleving Date		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)  4  Squad External Example (Practical Control of the Control of	miner Central Evaluation Re-Evaluation
--	--

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

Name of the Department SCIENCE AND HUMANITIES Name of the Degree & Course S&H-MATHEMATICS Name of the faculty member Regular Or Adjunct Regular Or Adjunct  Image  Present Designation ASSISTANT PROFESSOR Residential Address Line 1 Line 2 BEHIND RTO OFFICE, MAKKINAMPATTI, POLLACHI - 641003 District COIMBATORE Telephone number		722C DOLLACIU INCTITUTE OF ENGINEEDING				
Name of the Degree & Course  Name of the faculty member  Regular Or Adjunct  Regular  Present Designation  ASSISTANT PROFESSOR  Residential Address Line 1  Line 2  District  Colmbatore  Telephone number  +91 - 9943380310  Email  SGRLTHEGREAT@GMAIL.COM  Gender  FEMALE  Community  MBC  PAN Number  BAYPR5354R  Pasport Number  Addhar Number  889192417374  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E.  Date of Birth  Regular  Regular  Addiar Number  Regular  Regular  Assistant PROFESSOR  RASSISTANT PROFESSOR  COMBATORE  PLOT NO. 3, ANGALAMMAN ILLAM, SIVASAKTHI NAGAR,  PASSISTANT PROFESSOR  ASSISTANT PROFESSOR  ASSISTANT PROFESSOR  ASSISTANT PROFESSOR  ASSISTANT PROFESSOR  ASSISTANT PROFESSOR  BREGULAR SHAME  ASSISTANT PROFESSOR  ASSISTANT PROFESSOR  ASSISTANT PROFESSOR  ASSISTANT PROFESSOR  BREGULAR SHAMEN ILLAM, SIVASAKTHI  ASSISTANT PROFESSOR  ASSISTANT PROFESSOR  ASSISTANT PROFESSOR  BREGULAR SHAMEN ILLAM, SIVASAKTHI  BREGULAR SHAMEN ILLAM, SIVASAKTHI  ASSISTANT PROFESSOR  BREGULAR SHAMEN ILLAM, SIVASAKTHI	Name of the College					
Name of the faculty member  Regular Or Adjunct  Regular  Regular  ASSISTANT PROFESSOR  Residential Address Line 1  Line 2  PLOT NO. 3, ANGALAMMAN ILLAM, SIVASAKTHI NAGAR, POLLACHI - 641003  District  COIMBATORE  Telephone number  +91 - 9943380310  Email  SGRLTHEGREAT@GMAIL.COM  Gender  FEMALE  Community  MBC  PAN Number  BAYPR5354R  Passport Number  Addhar Number  889192417374  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E.  3386899587  14-08-1983	Name of the Department	SCIENCE AND HUMANITIES				
Image  Present Designation ASSISTANT PROFESSOR  Residential Address Line 1 Line 2 BEHIND RTO OFFICE, MAKKINAMPATTI, POLLACHI - 641003 District COIMBATORE Telephone number	Name of the Degree & Course	S&H-MATHEMATICS				
Image  Present Designation  ASSISTANT PROFESSOR  Residential Address Line 1  Line 2  PLOT NO. 3, ANGALAMMAN ILLAM, SIVASAKTHI NAGAR,  BEHIND RTO OFFICE, MAKKINAMPATTI, POLLACHI - 641003  District  COIMBATORE  -  Mobile number  +91 - 9943380310  Email  SGRLTHEGREAT@GMAIL.COM  Gender  FEMALE  Community  MBC  PAN Number  BAYPR5354R  Passport Number  Passport Number  889192417374  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E.  3386899587  Date of Birth  14-08-1983	Name of the faculty member	MRS. RAJALAKSHMI N				
Present Designation  ASSISTANT PROFESSOR  Residential Address Line 1  Line 2  BEHIND RTO OFFICE, MAKKINAMPATTI, POLLACHI - 641003  District  COIMBATORE  Telephone number  -  Mobile number  +91 - 9943380310  Email  SGRLTHEGREAT@GMAIL.COM  Gender  FEMALE  Community  MBC  PAN Number  BAYPR5354R  Passport Number  Aadhar Number  889192417374  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E.  3386899587  Date of Birth	Regular Or Adjunct	Regular				
Residential Address Line 1 Line 2 BEHIND RTO OFFICE, MAKKINAMPATTI, POLLACHI - 641003  District COIMBATORE Telephone number - +91 - 9943380310  Email SGRLTHEGREAT@GMAIL.COM  Gender FEMALE Community MBC  PAN Number BAYPR5354R  Passport Number BAYPR5354R  Passport Number 889192417374  Faculty code given by C.O.E. Faculty code given by A.I.C.T.E. 3386899587  Date of Birth  PLOT NO. 3, ANGALAMMAN ILLAM, SIVASAKTHI NAGAR, SIVAS	Image					
Line 1  Line 2  BEHIND RTO OFFICE, MAKKINAMPATTI, POLLACHI - 641003  District  COIMBATORE  Telephone number  - Mobile number  +91 - 9943380310  Email  SGRLTHEGREAT@GMAIL.COM  Gender  FEMALE  Community  MBC  PAN Number  BAYPR5354R  Passport Number  Aadhar Number  889192417374  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E.  3386899587  Date of Birth  14-08-1983	Present Designation	ASSISTANT PROFESSOR				
District COIMBATORE  Telephone number +91 - 9943380310  Email SGRLTHEGREAT@GMAIL.COM  Gender FEMALE  Community MBC  PAN Number BAYPR5354R  Passport Number  Aadhar Number 889192417374  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E. 3386899587  Date of Birth 14-08-1983	Residential Address Line 1					
Telephone number - H91 - 9943380310  Email SGRLTHEGREAT@GMAIL.COM  Gender FEMALE Community MBC  PAN Number BAYPR5354R  Passport Number  Aadhar Number 889192417374  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E. 3386899587  Date of Birth 14-08-1983	Line 2					
Mobile number+91 - 9943380310EmailSGRLTHEGREAT@GMAIL.COMGenderFEMALECommunityMBCPAN NumberBAYPR5354RPassport Number889192417374Faculty code given by C.O.E.Faculty code given by A.I.C.T.E.Faculty code given by A.I.C.T.E.3386899587Date of Birth14-08-1983	District	COIMBATORE				
Email SGRLTHEGREAT@GMAIL.COM  Gender FEMALE  Community MBC  PAN Number BAYPR5354R  Passport Number  Aadhar Number 889192417374  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E. 3386899587  Date of Birth 14-08-1983	Telephone number	-				
Gender FEMALE Community MBC  PAN Number BAYPR5354R  Passport Number Aadhar Number 889192417374  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E. 3386899587  Date of Birth 14-08-1983	Mobile number	+91 - 9943380310				
Community MBC  PAN Number BAYPR5354R  Passport Number 889192417374  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E. 3386899587  Date of Birth 14-08-1983	Email	SGRLTHEGREAT@GMAIL.COM				
PAN Number BAYPR5354R  Passport Number 889192417374  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E. 3386899587  Date of Birth 14-08-1983	Gender	FEMALE				
Passport Number  Aadhar Number  889192417374  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E.  3386899587  14-08-1983	Community	MBC				
Aadhar Number 889192417374  Faculty code given by C.O.E. 3386899587  Date of Birth 14-08-1983	PAN Number	BAYPR5354R				
Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E.  3386899587  Date of Birth  14-08-1983	Passport Number					
Faculty code given by A.I.C.T.E.         3386899587           Date of Birth         14-08-1983	Aadhar Number	889192417374				
<b>Date of Birth</b> 14-08-1983	Faculty code given by C.O.E.					
	Faculty code given by A.I.C.T.E.	3386899587				
<b>Age</b> 40	Date of Birth	14-08-1983				
	Age	40				
I. Particulars of Educational Qualification : (only completed)	I. Particulars of Educational Qualification : (only co	mpleted)				

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEMA TICS	2006	OTHERS - SOURAST RA COLLEGE FOR WOMEN MADURAI	MADURAI KAMARAJ UNIVERSI TY	84	FIRST CLASS	The second secon
P.G.	M.SC.	OTHERS - MATHEMA TICS	2008	OTHERS - MADURAI KAMARAJ UNIVERSI TY	MADURAI KAMARAJ UNIVERSI TY	82	FIRST CLASS	The second secon
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - MATHEMA TICS	2011	OTHERS - GANDHIG RAMAM UNIVERSI TY	OTHERS - GANDHIG RAMAM UNIVERSI TY	73	FIRST CLASS	Completion Service Complete Co

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Name of the College Designation		Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	RING AND ASSISTANT PROFESSOR		09-03-2023	6	2	8
Total					2	9

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

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

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

capacity at t	apacity at which service is extended for the conduct of Exhimation during the fast year									
AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation						
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts						
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)						
_	_	-								

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

N. Rajalak

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY		
Name of the Department	CIVIL ENGINEERING		
Name of the Degree & Course	B.ECIVIL ENGINEERING		
Name of the faculty member	MRS. LATHA M		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	37, PALANIPURAM 3RD STREET, BHAVANI, ERODE		
Line 2	ERODE - 638301		
District	ERODE		
Telephone number	-		
Mobile number	+91 - 8778474716		
Email	LATHA25CE@GMAIL.COM		
Gender	FEMALE		
Community	BC		
PAN Number	AMRPL7520P		
Passport Number			
Aadhar Number	871268192749		
Faculty code given by C.O.E.			
Faculty code given by A.I.C.T.E.	19593039061		
Date of Birth	29-06-1991		
Age	32		
I. Particulars of Educational Qualification : (only completed)			

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2013	UNIVERSI TY COLLEGE OF ENGINEE RING PANRUTI	ANNA UNIVERSI TY	7.64	FIRST CLASS	Annua Hurizaraina de la companio del la companio dela
P.G.	M.E.	ENVIRON MENTAL ENGINEE RING	2016	GNANAM ANI COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	8.03	FIRST CLASS	And History L. And State of the Control of the Cont

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 )  $\mbox{*}$ 

Na	Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
	Name of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days
	POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	INEERING AND ASSISTANT PROFESSOR		09-03-2023	0	9	25
	Total					9	29

### V. Industrial Experience:

Name of the	Designation	Nature of	Ioining Date	Relieving Date	xperience	•
Organisation	Designation	Work	Vork Joining Date		Months	Days

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

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

AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	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	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. KIRUTHIKA K
Regular Or Adjunct	Regular
Image	A Ohangan
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/105, KONGAL NAGARAM POST, UDUMALPET TK
Line 2	TIRUPPUR - 642205
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9894867993
Email	KIRUTHIKRISHNA16@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CNTPK5722P
Passport Number	
Aadhar Number	800552298319
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9315380308
Date of Birth	16-04-1994
Age	29
I. Particulars of Educational Qualification : (only com	pleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEER ING	2016	SRI KRISHNA COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	82.7	FIRST CLASS	The state of the s
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEER ING	2019	DR MAHALIN GAM COLLEGE OF ENGINEER ING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	9.0	DISTINCTI ON	And Historical Value of the Control

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the Conege	Designation	Working		Months	Days	
S V S COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	25-06-2019	09-07-2020	1	0	15
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-10-2020	09-03-2023	2	5	9
			Total	3	5	26

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	E	xperience	•
Organisation	Designation	Nature of Work	Joining Date		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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. RAJESHVINOTHKUMAR P
Regular Or Adjunct	Regular
Image	4 sharryn
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	60, VALLUVAR STREET, PERIYAKALAYAMPUTHUR POST,
Line 2	PALANI
District	DINDIGUL
Telephone number	-
Mobile number	+91 - 9865655098
Email	RAJESHVINOTHKUMAR@REDIFFMAIL.COM
Gender	MALE
Community	SC
PAN Number	CEIPR6984Q
Passport Number	
Aadhar Number	331028473352
Faculty code given by C.O.E.	7236040
Faculty code given by A.I.C.T.E.	2189790743
Date of Birth	02-04-1980
Age	43
I. Particulars of Educational Qualification : (only compl	eted)

Category	Name of the Degree	Specializati on	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.	MECHANIC AL ENGINEERI NG	2001	SRI RAMAKRISH NA ENGINEERI NG COLLEGE (AUTONOM OUS)	BHARATHIY AR UNIVERSITY	67.4	FIRST CLASS	A CONTROL OF THE CONT
P.G.	M.E.	MANUFACT URING ENGINEERI NG	2014	MAHARAJA ENGINEERI NG COLLEGE	ANNA UNIVERSITY	6.96	FIRST CLASS	And Aliversity  And Aliversity

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	/		Relieving Date / Current Date for Presently	Experience		
	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-12-2013	08-03-2023	9	3	7
			Total	9	3	8

#### V. Industrial Experience:

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	xperience	•
Organisation	Designation	Nature of Work	Joining Date		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) 4	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.



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY				
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the faculty member	MRS. KALAIVANI K				
Regular Or Adjunct	Regular				
Image	ham				
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	2/248 MERKKU KADU, VAKKAMPALAYAM, KARUPPAMPALAYAM POST,				
Line 2	POLLACHI - 642004				
District	COIMBATORE				
Telephone number	-				
Mobile number	+91 - 7373535675				
Email	KALAIEC96@GMAIL.COM				
Gender	FEMALE				
Community	BC				
PAN Number	HFWPK4912R				
Passport Number					
Aadhar Number	999191769651				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	7374272805				
Date of Birth	30-05-1995				
Age	28				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2016	POLLACHI INSTITUT E OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	77	FIRST CLASS	Anna Huisteragy  Man Huisterag
P.G.	M.E.	VLSI DESIGN	2018	TEJAA SHAKTHI INSTITUT E OF TECHNOL OGY FOR WOMEN	ANNA UNIVERSI TY	8.29	DISTINCT ION	Annu Minierary

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the College Designation Jo		Joining Date	Working Institutions	Years	Months	Days
ARJUN COLLEGE OF TECHNOLOGY	ASSISTANT PROFESSOR	26-06-2018	11-12-2019	1	5	16
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	16-05-2022	09-03-2023	0	9	25
			Total	2	3	13

Name of the	Designation	Nature of	Joining Date	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date		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 Squad External Examiner (No. of Member (Practical) days) (No. of days) (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.



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. SARAVANAKUMAR B
Regular Or Adjunct	Regular
Image	4 Order
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/48 KAMMALAPATTI
Line 2	SALEM
District	SALEM
Telephone number	-
Mobile number	+91 - 9750362802
Email	SWEETSBARANBE@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	GGQPS8298A
Passport Number	
Aadhar Number	485703298498
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7373827735
Date of Birth	10-11-1991
Age	32
I. Particulars of Educational Qualification : (only co	mpleted)

Catego	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUNI CATION ENGINEE RING	2014	A S L PAULS COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	73	FIRST CLASS	and Difference of the Control of the
P.G.	M.E.	COMMUNI CATION SYSTEMS	2016	SONA COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	77	FIRST CLASS	Training of the second of the

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the College Designation		Joining Date	Working Institutions	Years	Months	Days
A S L PAULS COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	29-06-2016	30-11-2018	2	5	2
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-03-2019	09-03-2023	4	0	9
			Total	6	5	13

Name of the	Designation	Nature of Work	Ioining Date	Polioving Date	E	xperience	9
Organisation	Designation	Nature of Work	Joining Date	Kellevilly Date	Years	Months	Days

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

cupucity ut .	supusity at which solvies is extended for the solidate of Emiliation during the last year						
AUR (No. of	Squad Member	External Examiner (Practical)	Central Evaluation (No. of scripts	Re-Evaluation (No. of scripts			
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)			

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

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY			
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING			
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING			
Name of the faculty member	MRS. UMAMAHESWARI K			
Regular Or Adjunct	Regular			
Image	Acres			
<b>Present Designation</b>	ASSISTANT PROFESSOR			
Residential Address Line 1	1/70, GOLLAPATTI, EARIPATTI POST,			
Line 2	POLLACHI - 642 205			
District	COIMBATORE			
Telephone number	-			
Mobile number	+91 - 6369433329			
Email	KUMAMAHESWARI23@GMAIL.COM			
Gender	FEMALE			
Community	BC			
PAN Number	AELPU8447C			
Passport Number				
Aadhar Number	796473928358			
Faculty code given by C.O.E.				
Faculty code given by A.I.C.T.E.	7367627708			
Date of Birth	12-06-1988			
Age	35			
I. Particulars of Educational Qualification : (only completed)				

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEER ING	2010	R V S COLLEGE OF ENGINEER ING AND TECHNOL OGY	ANNA UNIVERSI TY	76	FIRST CLASS	And Multicrate to the control of the
P.G.	M.E.	POWER SYSTEMS ENGINEER ING	2014	M KUMARAS AMY COLLEGE OF ENGINEER ING (AUTONO MOUS)	ANNA UNIVERSI TY	9.11	FIRST CLASS	The second secon

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 )  $\mbox{*}$ 

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days
M KUMARASAMY COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	28-06-2010	10-08-2012	2	1	13
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	16-12-2019	09-03-2023	3	2	25
M KUMARASAMY COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	16-06-2014	31-12-2015	1	6	15
P A COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	02-01-2016	23-06-2018	2	5	22
Total					4	17

V. Industrial Experience :	
----------------------------	--

Organisation	Designation	Nature of Work	Joinn	ng Date	Relieving Date	Vaama	3.5 .3	_
I C O F Annoir			Joining Date			Years	Months	Days
	ntment Exper	ience : xtended for the co	nduct o	of Exminat	ion during the la	ist vear		
AUR (No. of	Squad Member No. of days)	External Examin (Practical) (No. of days)	ner			Re-Evaluation (No. of scripts Evaluated)		
- 1	all the informa	tion provided are tru	ue to the	e best of m	y knowledge.			

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY		
Name of the Department	SCIENCE AND HUMANITIES		
Name of the Degree & Course	S&H-ENGLISH		
Name of the faculty member	MR. RAJASEKAR C		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	6/103 ADIVALLI, PUDUPALAYAM		
Line 2	UDUMALPET, TIRUPPUR		
District	TIRUPPUR		
Telephone number	-		
Mobile number	+91 - 9952564363		
Email	CRAJASEKAR90@GMAIL.COM		
Gender	MALE		
Community	SC		
PAN Number	EUDPR6141C		
Passport Number			
Aadhar Number	664510457505		
Faculty code given by C.O.E.			
Faculty code given by A.I.C.T.E.	9593186999		
Date of Birth	10-01-1990		
Age	33		
I. Particulars of Educational Qualification : (only completed)			

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.A.	ENGLISH	2012	OTHERS - NGM COLLEGE	BHARATH IYAR UNIVERSI TY	58	SECOND CLASS	
P.G.	OTHERS - MA	OTHERS - ENGLISH	2014	OTHERS - NGM COLLEGE	BHARATH IYAR UNIVERSI TY	59	SECOND CLASS	The state of the s
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - ENGLISH	2018	OTHERS - SUBRAMA NIYA COLLEGE OF ARTS AND SCIENCE	BHARATH IYAR UNIVERSI TY	68	FIRST CLASS	The second secon

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 )  $\mbox{*}$ 

Name of the College	Designation	Designation Joining Date Reliev		Е	xperience	•
Name of the Conege	the College Designation		for Presently Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-02-2019	09-03-2023	4	1	9
	4	1	9			

Name of the	Decimation	Nature of	Joining Date	Joining Data   Deliaving Data		Joining Date Relieving Date Experienc			
Organisation	Designation	Work	Joining Date		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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)
uuys)	(110: 01 days)	(1101 of days)	Evaluated)	L'uluteu)

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY		
Name of the Department	CIVIL ENGINEERING		
Name of the Degree & Course	B.ECIVIL ENGINEERING		
Name of the faculty member	MR. RAMAN S		
Regular Or Adjunct	Regular		
Image	American		
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	5/348 KATTUKOTTAI STREET, THIRUVALLIPATTI		
Line 2	VEMBADITHALAM POST, SALEM		
District	SALEM		
Telephone number	-		
Mobile number	+91 - 9843915330		
Email	RAMANSBECIVIL@GMAIL.COM		
Gender	MALE		
Community	BC		
PAN Number	BRKPR9348L		
Passport Number			
Aadhar Number	407300199486		
Faculty code given by C.O.E.			
Faculty code given by A.I.C.T.E.	7360959827		
Date of Birth	08-06-1992		
Age	31		
I. Particulars of Educational Qualification : (only completed)			

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2013	K S R COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	7.5	FIRST CLASS	Anna Altriurration of the control of
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2015	AKSHAYA COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.3	FIRST CLASS	Sent Albitrary

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	ne of the College Designation Joining		Relieving Date / Current Date for Presently	Experience		
Name of the Conege			Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-02-2019	09-03-2023	4	1	9
Total					1	9

## V. Industrial Experience:

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

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

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

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

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. MUTHEESWARAN V
Regular Or Adjunct	Regular
Image	Aohama
<b>Present Designation</b>	ASSISTANT PROFESSOR
Residential Address Line 1	22/3 FIRST CROSS
Line 2	BALASUBRAMANIYAM STREET
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9677547691
Email	V.MUTHEESWARAN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ARFPM6647K
Passport Number	
Aadhar Number	366179279569
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7374272098
Date of Birth	27-05-1963
Age	60
I. Particulars of Educational Qualification : (only co	ompleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUNI CATION ENGINEER ING	2006	GOVERNM ENT COLLEGE OF ENGINEER ING TIRUNELV ELI	ANNA UNIVERSI TY	58	SECOND CLASS	Interesting Grants
P.G.	M.E.	EMBEDDE D SYSTEMS	2010	ANNA UNIVESIT Y REGIONAL CAMPUS, COIMBAT ORE	ANNA UNIVERSI TY	78	FIRST CLASS	

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 )  $\mbox{*}$ 

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		9
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-03-2019	09-03-2023	4	0	9
	4	0	9			

## V. Industrial Experience :

Name of the	Designation	Nature of Work	of Work   Joining Date	Dolioving Data	Ez	xperience	
Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Years	Months	Days

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

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

	cupacity at t	THE SCI TICC IS C	ntended for the conduct	or Emmination during th	io iust your	
	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	uuys,	(1101 of days)	(1101 of days)			

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

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.ECIVIL ENGINEERING
Name of the faculty member	MR. RAJESHKUMAR S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	EAST THOTTAM, MANUPATTI
Line 2	UDUMALPET-642112
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9787379473
Email	RAJESHCE15@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AVFPR1183H
Passport Number	
Aadhar Number	345925418117
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7352610245
Date of Birth	12-02-1990
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2013	SENGUNT HAR COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	7.8	FIRST CLASS	ann Huisraigh
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2015	M P NACHIMU THU M JAGANAT HAN ENGINEE RING COLLEGE	ANNA UNIVERSI TY	7.0	SECOND CLASS	Nam Billiotre in the second of

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

Score : File :

## II. Title of Ph.D. Thesis

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

# ${\bf IV.\ Academic\ Experience:}$

( Start from the Current working Experience ) \*

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		•
Name of the College	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ERING AND ASSISTANT PROFESSOR		09-03-2023	6	8	9
			Total	6	8	13

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

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

AUR		catenaca for the conduc		, , ,
(No. c	of Squad Member	External Examiner (Practical)	Central Evaluation (No. of scripts	Re-Evaluation (No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING				
Name of the conege	AND TECHNOLOGY				
Name of the Department	MECHANICAL ENGINEERING				
Name of the Degree & Course	B.EMECHANICAL ENGINEERING				
Name of the faculty member	MR. MUTHUSAMY P				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	KONGALNAGARAM POST,				
Line 2	UDUMALPET - 642 205				
District	COIMBATORE				
Telephone number	-				
Mobile number	+91 - 9688332774				
Email	PMUTHUSAMYMECH@GMAIL.COM				
Gender	MALE				
Community	MBC				
PAN Number	BZWPM2917A				
Passport Number					
Aadhar Number	542912207707				
Faculty code given by C.O.E.	7236015				
Faculty code given by A.I.C.T.E.	1474454659				
Date of Birth	12-05-1988				
Age	35				
I. Particulars of Educational Qualification : (only comp	leted)				

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEER ING	2010	DR MAHALIN GAM COLLEGE OF ENGINEER ING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	77	FIRST CLASS	And Matteria.
P.G.	M.E.	ENGINEER ING DESIGN	2014	ANNA UNIVESIT Y REGIONAL CAMPUS, COIMBAT ORE	ANNA UNIVERSI TY	7.34	FIRST CLASS	man Almerra, man and m

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 )  $\mbox{*}$ 

Name of the College	Designation	Relieving Date / Current Date Joining Date for Presently		Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	IG AND ASSISTANT PROFESSOR		08-03-2023	10	8	4
			Total	10	8	8

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	xperience	9
Organisation	Designation	Nature of Work	Joining Date		Months	Days

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

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

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MS. KALAIVANI R
Regular Or Adjunct	Regular
Image	4. Shaun
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	VELLAGOUNDANUR, POLLACHI
Line 2	POLLACHI
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9524619412
Email	VANIMATHS123@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ERTPK7492E
Passport Number	
Aadhar Number	527617622531
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7374272805
Date of Birth	13-07-1993
Age	30
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEM ATICS	2013	OTHERS - NGM COLLEGE	BHARATH IYAR UNIVERSI TY	83	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEM ATICS	2015	OTHERS - NGM COLLEGE	BHARATH IYAR UNIVERSI TY	90	FIRST CLASS	
OTHERS - M.PHIL.	OTHERS - M.PHIL	OTHERS - MATHEM ATICS	2017	OTHERS - NGM COLLEGE	BHARATH IYAR UNIVERSI TY	83	FIRST CLASS	Property of the control of the contr

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Е	xperience	•
Name of the College	Designation	Joining Date for Presently - Working Institutions	Years	Months	Days	
POLLACHI INSTITUTE OF ENGINEERING AND FECHNOLOGY	ASSISTANT PROFESSOR	01-02-2019	09-03-2023	4	1	9
			Total	4	1	9

Name	of the	Designation	Nature of	Joining Date	Relieving Date	xperience	<del>)</del>
Organi	isation	Designation	Work	Joining Date		Months	Days

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

days)   (No. of days)   (No. of days)   Evaluated)   Evaluated)
---

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

Zalaivani. R

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MS. KALEESWARI M
Regular Or Adjunct	Regular
Image	A Many Jan
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/2157, VKV INDIRA NAGAR,RANGA SAMUTHIRAM
Line 2	SULEESWARANPATTI POST, POLLACHI - 642006
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 8883262907
Email	KALEES02PIETECH@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	GJGPK4485J
Passport Number	
Aadhar Number	761726346964
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9593186947
Date of Birth	02-02-1992
Age	31
I. Particulars of Educational Qualification : (only co	ompleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEMA TICS	2012	OTHERS - NGM COLLEGE	BHARATHI YAR UNIVERSI TY	89	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMA TICS	2014	OTHERS - NGM COLLEGE	BHARATHI YAR UNIVERSI TY	92	DISTINCTI ON	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MATHEMA TICS	2016	OTHERS - NGM COLLEGE	BHARATHI YAR UNIVERSI TY	76	FIRST CLASS	

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

# $\textbf{I.a. Additional Qualification}: \textbf{-} \ \texttt{NO} \ \texttt{ADDITIONAL} \ \texttt{QUALIFICATION}$

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	Experience		•
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2017	09-03-2023	5	9	9
			Total	5	9	13

Name of the	Designation	Nature of	Joining Date	Relieving Date	xperience	<del>.</del>
Organisation	Designation	Work	Joining Date	Keneving Date	Months	Days

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

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



Name of the College       236 - POLLACH INSTITUTE OF ENGINEERING AND TECHNOLOGY         Name of the Department       ELECTRONICS AND COMMUNICATION ENGINEERING         Name of the Degree & Course       B.EELECTRONICS AND COMMUNICATION ENGINEERING         Name of the faculty member       MS. MENAKADEVI B         Regular Or Adjunct       Regular         Present Designation       ASSISTANT PROFESSOR         Residential Address Line 1       T.K. PUDUR, THIMMANKUTHU         Line 2       POLLACHI         District       COIMBATORE         Telephone number       +91 - 9865973787         Email       MENAKAMAILS@GMAIL.COM         Gender       FEMALE         Community       BC         PAN Number       AUSPM7246G         Passport Number       569213749808         Faculty code given by C.O.E.       111140172631         Date of Birth       25-04-1987		
Name of the Degree & Course  Regular Or Adjunct  Regular Or Adjunct  Regular Or Adjunct  Residential Address Line 1  Line 2  POLLACHI  District  COIMBATORE  Telephone number  H91 - 9865973787  Email  MENAKAMILS@GMAIL.COM  Gender  FEMALE  Community  BC  PAN Number  Addhar Number  Faculty code given by C.O.E.  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E.  MS. MENAKADEVI B  B.EELECTRONICS AND COMMUNICATION  ENGINEERING  B.EELECTRONICS AND COMMUNICS  ENGINEERING  E	Name of the College	
Name of the Begree & Course  Name of the faculty member  Regular Or Adjunct  Regular  Present Designation  Residential Address Line 1  Line 2  POLLACHI  District  COIMBATORE  Telephone number  +91 - 9865973787  Email  MENAKAMAILS@GMAIL.COM  Gender  FEMALE  Community  BC  PAN Number  Auspm7246G  Passport Number  Addar Number  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E.  Regular  MS. MENAKADEVI B  MS. MENAKADEVI B  MS. MENAKADEVI B  MS. MENAKAMAILS@GMAIL.COM  BC  AUSPM7246G  111140172631	Name of the Department	
Regular Or AdjunctRegularImageASSISTANT PROFESSORPresent DesignationASSISTANT PROFESSORResidential Address Line 1T.K. PUDUR, THIMMANKUTHULine 2POLLACHIDistrictCOIMBATORETelephone number-Mobile number+91 - 9865973787EmailMENAKAMAILS@GMAIL.COMGenderFEMALECommunityBCPAN NumberAUSPM7246GPassport Number569213749808Faculty code given by C.O.E.111140172631	Name of the Degree & Course	
Image  Present Designation  ASSISTANT PROFESSOR  Residential Address Line 1  Line 2  POLLACHI  District  COIMBATORE  Telephone number  +91 - 9865973787  Email  MENAKAMAILS@GMAIL.COM  Gender  FEMALE  Community  BC  PAN Number  AUSPM7246G  Passport Number  569213749808  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E.  ASSISTANT PROFESSOR  ASSISTANT PROFESSOR  T.K. PUDUR, THIMMANKUTHU  ASSISTANT PROFESSOR  AUSPM7246I  AUSPM7246I  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E.	Name of the faculty member	MS. MENAKADEVI B
Present Designation  ASSISTANT PROFESSOR  Residential Address Line 1  Line 2  POLLACHI  District  COIMBATORE  Telephone number  +91 - 9865973787  Email  MENAKAMAILS@GMAIL.COM  Gender  FEMALE  Community  BC  PAN Number  AUSPM7246G  Passport Number  Aadhar Number  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E.  ASSISTANT PROFESSOR  ANSIGNATION  ASSISTANT PROFESSOR  T.K. PUDUR, THIMMANKUTHU  BC  AUSPM7246I  AUSPM7246I  Faculty code given by A.I.C.T.E.	Regular Or Adjunct	Regular
Residential Address Line 1  Line 2  POLLACHI  COIMBATORE  Telephone number  - Mobile number  +91 - 9865973787  Email  MENAKAMAILS@GMAIL.COM  Gender  FEMALE  Community  BC  PAN Number  AUSPM7246G  Passport Number  Aadhar Number  569213749808  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E.	Image	A. Shaup
Line 1 Line 2 POLLACHI  District COIMBATORE Telephone number	Present Designation	ASSISTANT PROFESSOR
District COIMBATORE  Telephone number +91 - 9865973787  Email MENAKAMAILS@GMAIL.COM  Gender FEMALE  Community BC  PAN Number AUSPM7246G  Passport Number 569213749808  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E. 111140172631		T.K. PUDUR, THIMMANKUTHU
Telephone number  Mobile number  +91 - 9865973787  Email MENAKAMAILS@GMAIL.COM  Gender FEMALE  Community BC  PAN Number AUSPM7246G  Passport Number  Aadhar Number 569213749808  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E.  111140172631	Line 2	POLLACHI
Mobile number+91 - 9865973787EmailMENAKAMAILS@GMAIL.COMGenderFEMALECommunityBCPAN NumberAUSPM7246GPassport Number569213749808Faculty code given by C.O.E.111140172631	District	COIMBATORE
Email MENAKAMAILS@GMAIL.COM  Gender FEMALE  Community BC  AUSPM7246G  Passport Number 569213749808  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E. 111140172631	Telephone number	-
Gender FEMALE  Community BC  PAN Number AUSPM7246G  Passport Number  Aadhar Number 569213749808  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E. 111140172631	Mobile number	+91 - 9865973787
Community  BC  AUSPM7246G  Passport Number  Aadhar Number  569213749808  Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E.  111140172631	Email	MENAKAMAILS@GMAIL.COM
PAN Number AUSPM7246G  Passport Number 569213749808  Faculty code given by C.O.E. 111140172631	Gender	FEMALE
Passport Number 569213749808  Faculty code given by C.O.E. 111140172631	Community	BC
Aadhar Number 569213749808  Faculty code given by C.O.E. 111140172631	PAN Number	AUSPM7246G
Faculty code given by C.O.E.  Faculty code given by A.I.C.T.E.  111140172631	Passport Number	
Faculty code given by A.I.C.T.E. 111140172631	Aadhar Number	569213749808
	Faculty code given by C.O.E.	
<b>Date of Birth</b> 25-04-1987	Faculty code given by A.I.C.T.E.	111140172631
	Date of Birth	25-04-1987
<b>Age</b> 36	Age	36
I. Particulars of Educational Qualification : (only completed)	I. Particulars of Educational Qualification : (only co	ompleted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2008	NANDHA ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	77	FIRST CLASS	×
P.G.	M.E.	VLSI DESIGN	2011	SASURIE COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	90.09	DISTINCTI ON	×

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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			Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	30-06-2017	22-02-2019	1	7	23
S V S COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	23-02-2019	30-11-2020	1	9	6
SNS COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	22-05-2011	14-05-2013	1	11	24
SRI ESHWAR COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	19-06-2013	31-05-2017	3	11	12
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	18-02-2022	09-03-2023	1	0	20
			Total	10	4	29

V	•	Ind	lus	tria	ıl l	Exp	eri	en	ce	:
---	---	-----	-----	------	------	-----	-----	----	----	---

Name of the Designation Nature of Joining Date Relieving Date Experience											
Organisatio	on Designation	Work	Joinin	y Date	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 Squad External Examiner (No. of Member (Practical) (No. of scripts days) (No. of days) (No. of days) Evaluated) Evaluated) Evaluated)											
It is certified	that all the inform	ation provided are	e true to	the best o	f my knowledge.						

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. SARAVANAKUMAR T
Regular Or Adjunct	Regular
Image	Asama
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/62 PALLADAM ROAD RASAKKAPALAYAM
Line 2	POLLACHI 642002
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9965443303
Email	TSARAVANAECE86@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CUPPS3739H
Passport Number	
Aadhar Number	229084560488
Faculty code given by C.O.E.	7236023
Faculty code given by A.I.C.T.E.	2189691003
Date of Birth	01-07-1986
Age	37
I. Particulars of Educational Qualification : (only o	completed)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUNI CATION ENGINEE RING	2008	SRI SUBRAMA NYA COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	70	FIRST CLASS	Substitution of the state of th
P.G.	M.E.	APPLIED ELECTRO NICS	2013	ANNA UNIVESIT Y REGIONAL CAMPUS, COIMBAT ORE	ANNA UNIVERSI TY	92	FIRST CLASS	Amaza Marineren, and a service of the service of th

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 ) st

Name of the College	/ Cur		Relieving Date / Current Date for Presently	Е	xperience	•
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
OTHERS - PA POLYTECHNIC COLLEGE	OTHERS - LECTURER	20-10-2008	30-04-2010	1	6	12
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	16-07-2013	09-03-2023	9	7	25
MAHARAJA ENGINEERING COLLEGE	OTHERS - LECTURER	01-12-2010	31-05-2013	2	5	31
			Total	13	8	12

Name of the	Designation	Nature of Work	Joining Date	Policying Date	E	xperience	•
Organisation	Designation	Nature of Work	Joining Date	Kellevilly Date	Years	Months	Days

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

(No. of days)Member (Practical)(No. of scripts (No. of scripts Evaluated)(No. of scripts Evaluated)
---

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

[, (

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.ECIVIL ENGINEERING
Name of the faculty member	MS. NIVETHA SREE T
Regular Or Adjunct	Regular
Image	a many of
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	32 F, SUNDARAMBAL NAGAR, VELAYUDHAMPALAYAM,
Line 2	PUNJAI PUGALUR, KARUR - 639117
District	KARUR
Telephone number	-
Mobile number	+91 - 8602456220
Email	NIVETHA_SREE@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AYMPN2607E
Passport Number	
Aadhar Number	691065868372
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	3378845523
Date of Birth	11-12-1991
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2013	SRM VALLIAM MAI ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	81	FIRST CLASS	Annual Manierania
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2015	BANNARI AMMAN INSTITUT E OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	88	DISTINCT ION	and allierance of the second o

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 )  $\mbox{*}$ 

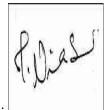
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Е	xperience	•
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-01-2017	09-03-2023	6	2	8
			Total	6	2	9

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

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

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

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. NAVEENKUMAR M
Regular Or Adjunct	Regular
Image	Achar
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/26, S. CHANDRAPURAM,
Line 2	UNJAVELAMPATTI POST, POLLACHI
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9952440080
Email	KUTTYNAVEEN03@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BLRPN6399C
Passport Number	
Aadhar Number	397478612324
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9593039464
Date of Birth	15-05-1995
Age	28
I. Particulars of Educational Qualification : (only con	pleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUNI CATION ENGINEE RING	2016	POLLACHI INSTITUT E OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.72	FIRST CLASS	And Relitorary Comments of the
P.G.	M.E.	APPLIED ELECTRO NICS	2018	RATHINA M TECHNICA L CAMPUS (AUTONO MOUS)	ANNA UNIVERSI TY	8.1	FIRST CLASS	ANALIMENTA  FROM CHARLES  FROM

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	E	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days	
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	05-12-2019	09-03-2023	3	3	5	
			Total	3	3	6	

## V. Industrial Experience:

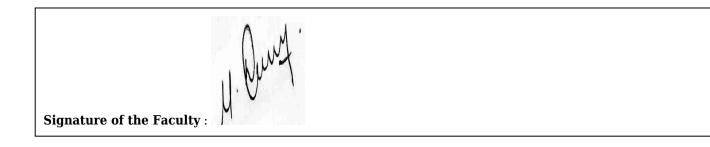
Name of the	Designation	Nature of Work	Joining Date	Policying Date	E	xperience	•
Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Years	Months	Days

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

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

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

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. KARTHICK KUMAR T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NAGAMARATHU THOTTAM, P.T.PALAYAM, B.PUDUR,
Line 2	GOBI - 638512
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 8012437542
Email	KK2OFFICIAL@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	DFMPK7634J
Passport Number	
Aadhar Number	800480649660
Faculty code given by C.O.E.	7236071
Faculty code given by A.I.C.T.E.	2730488570
Date of Birth	10-04-1989
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2013	DR NALLINI INSTITUT E OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.7	FIRST CLASS	Annua Abritaresty
P.G.	M.E.	THERMAL ENGINEE RING	2015	CHRIST THE KING ENGINEE RING COLLEGE	ANNA UNIVERSI TY	7.59	FIRST CLASS	Anna Abritarrado

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	ne of the College Designation		Relieving Date / Current Date	E	xperience	ıce	
Name of the Conege	Designation	Joining Date	for Presently Working Institutions	Years	Months Day	Days	
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	29-06-2015	08-03-2023	7	8	10	
Total					8	14	

## V. Industrial Experience:

Name	of the	Designation	Nature of	Joining Date	Relieving Date	Е	xperience	
Organ	isation	Designation	Work	Joining Date	Keneving Date	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 Squad Member days) (No. of days)	External Examiner	Central Evaluation	Re-Evaluation
	(Practical)	(No. of scripts	(No. of scripts
	(No. of days)	Evaluated)	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	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. ARULMURUGAN P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	109, SOUTH ANNA NAGAR
Line 2	DINDIGUL ROAD, PALANI - 624601
District	DINDIGUL
Telephone number	-
Mobile number	+91 - 9894971744
Email	ARULSP.44@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ATWPA3186G
Passport Number	
Aadhar Number	859467137632
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7484929211
Date of Birth	22-05-1985
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	AUTOMOB ILE ENGINEE RING	2011	ANNA UNIVESIT Y REGIONA L CAMPUS, COIMBAT ORE	ANNA UNIVERSI TY	78.5	FIRST CLASS	The second secon
P.G.	M.E.	ENGINEE RING DESIGN	2016	OTHERS - PROFESSI ONAL GROUP OF INSTITUTI ONS	ANNA UNIVERSI TY	71.8	FIRST CLASS	AND Hillion and the state of th

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-02-2020	08-03-2023	3	1	8
			Total	3	1	8

Name of the	Designation	Nature of	e of Joining Date	f Joining Date Relieving Date	Е	•	
Organisation	Designation	Work	Johning Date		Years	Months	Days

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

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

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. SUDHAKAR B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/152, VENASAPATTI, GANAPATHIPALAYAM POST,
Line 2	UDUMALPET
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9944808068
Email	SUDHAKARBE8080@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DDCPS3967N
Passport Number	
Aadhar Number	480706378378
Faculty code given by C.O.E.	7148064
Faculty code given by A.I.C.T.E.	7350797336
Date of Birth	25-04-1990
Age	33
I. Particulars of Educational Qualification : (only comp	leted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2011	PARK COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	8.7	FIRST CLASS	The state of the s
P.G.	M.E.	ENGINEE RING DESIGN	2014	SBM COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.4	FIRST CLASS	Anna Thristopy  The state of th

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

Score : File :

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	11116	ai Pii		LUESIS

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

#### IV. Academic Experience:

( Start from the Current working Experience ) \*

Name of the College			Relieving Date / Current Date for Presently	Experience		
Name of the College			Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	29-06-2015	08-03-2023	7	8	10
Total					8	14

# V. Industrial Experience :

Name of the	Designation Natu	Nature of	Joining Date	Relieving Date	E	xperience	•
Organisation	Designation	Work	Joining Date	Refleving Date	Years	Months	Days

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

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

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

Signature of the Faculty:

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. BALA CHANDAR R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	23, UMA MAHESWARI NAGAR, M.L. PURAM P.O.,
Line 2	POLLACHI - 642 002
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9842151471
Email	BALACHANDAR.RAJU@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ASZPB5851H
Passport Number	
Aadhar Number	695014651641
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7361606328
Date of Birth	03-10-1986
Age	37
I. Particulars of Educational Qualification : (only com	apleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEER ING	2008	DR MAHALIN GAM COLLEGE OF ENGINEER ING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	75.48	FIRST CLASS	Beneritte de generit d
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEER ING	2013	SRI SHAKTHI INSTITUTE OF ENGINEER ING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	8.43	FIRST CLASS	Annua Alliurrania  Annua Alliurr

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 )  $\mbox{*}$ 

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience	•
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-12-2019	09-03-2023	3	3	8
			Total	3	3	9

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	E	xperience	•
Organisation	Designation	Nature of Work	Joining Date	Reneving Date	Years	Months	Days

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

1	cupucity ut			<u>-</u>	
-	AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
	(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
	days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)
- 1	_				

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

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. MOHANRAM S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	C-61, CHERAN NAGAR, THUNGAVI POST
Line 2	UDUMALPET-642126
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9095305965
Email	MOHANRAMECE@GMAIL.COM
Gender	MALE
Community	ВС
PAN Number	ВМЈРМ5918F
Passport Number	H9125134
Aadhar Number	980556089517
Faculty code given by C.O.E.	7236035
Faculty code given by A.I.C.T.E.	2310468724
Date of Birth	05-05-1990
Age	33
I. Particulars of Educational Qualification : (only con	pleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2011	MAHARAJ A ENGINEE RING COLLEGE	ANNA UNIVERSI TY	91	FIRST CLASS	The second of th
P.G.	M.E.	APPLIED ELECTRO NICS	2014	INDUS COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	84	FIRST CLASS	and Heitersip

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

# $\textbf{I.a. Additional Qualification:-} \ \ \text{NO ADDITIONAL QUALIFICATION}$

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	Experience		
Name of the Conege	me of the College Designation Joining I		Working Institutions	Years	Months	Days
INDUS COLLEGE OF ENGINEERING	OTHERS - LECTURER	02-06-2011	30-08-2012	1	2	28
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2014	09-03-2023	8	8	9
	Total					

# V. Industrial Experience :

Name of the	Decignation	Signation Nature of Work Joining Date Relieving Date	xperience	e		
Organisation	Designation	Work	Joining Date	Keneving Date	Months	Days

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

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

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

It is certified that all the infor	mation provide	d are true to the best of my knowledge.
	Comp.	
Signature of the Faculty:	1	

	•
Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. HEMALATHA N
Regular Or Adjunct	Regular
Image	Oha
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/192,S.MALAYANDIPATTIANAM
Line 2	POLLACHI
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9698189928
Email	PRIYAHEMS25@GMAIL.COM
Gender	FEMALE
Community	ВС
PAN Number	AKTPH2369E
Passport Number	
Aadhar Number	759759024092
Faculty code given by C.O.E.	7236031
Faculty code given by A.I.C.T.E.	2310468714
Date of Birth	25-06-1990
Age	33
I. Particulars of Educational Qualification : (only comp	oleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2011	ANNAI MATHAM MAL SHEELA ENGINEE RING COLLEGE	ANNA UNIVERSI TY	91.2	DISTINCTI ON	THE STATE OF THE S
P.G.	M.E.	APPLIED ELECTRO NICS	2013	GNANAM ANI COLLEGE OF TECHNOL OGY	ANNA UNIVERSI TY	74.2	FIRST CLASS	and Thirteening  The second of

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 )  $\ensuremath{^*}$ 

Name of the College	Designation	Designation Joining Date f		E	Experience	
Name of the conege	t the College Designation Jo		for Presently Working Institutions	Years	Months	Days
J C T COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-08-2013	05-04-2014	0	8	5
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	NGINEERING AND ASSISTANT PROFESSOR		09-03-2023	8	8	9
			Total	9	4	17

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

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

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

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

	T			
Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY			
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING			
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING			
Name of the faculty member	MR. RAJ KUMAR A			
Regular Or Adjunct	Regular			
Image				
<b>Present Designation</b>	ASSISTANT PROFESSOR			
Residential Address Line 1	1/70, GOLLAPATTI,EARIPATTI PO			
Line 2	POLLACHI-642205			
District	COIMBATORE			
Telephone number	-			
Mobile number	+91 - 9688266977			
Email	RAJSRK9999@GMAIL.COM			
Gender	MALE			
Community	BC			
PAN Number	BNEPR8196J			
Passport Number				
Aadhar Number	576806785160			
Faculty code given by C.O.E.	7236063			
Faculty code given by A.I.C.T.E.	7363574681			
Date of Birth	20-11-1986			
Age	37			
I. Particulars of Educational Qualification : (only completed				

C	ategory	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U	ī.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2008	DR MAHALIN GAM COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	68	SECOND CLASS	Anna Blatterary  Anna B
Р	.G.	M.E.	POWER SYSTEMS ENGINEE RING	2014	SNS COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	70	FIRST CLASS	MAIN Albitrary of the control of the

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Е	xperience	<b>.</b>
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	29-06-2015	09-03-2023	7	8	11
			Total	7	8	15

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

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

AUR (No. of days)  12  Squad Member (No. of days)  (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.

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.ECIVIL ENGINEERING
Name of the faculty member	MR. RAMESH D
Regular Or Adjunct	Regular
Image	4. Shann
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	37/47, PALANIPURAM 3RD STREET
Line 2	BHAVANI
District	ERODE
Telephone number	-
Mobile number	+91 - 7811810075
Email	KINGLACE999@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CABPR5065B
Passport Number	
Aadhar Number	362154816023
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9593039094
Date of Birth	14-09-1991
Age	32
I. Particulars of Educational Qualification : (only completed)	

(	Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
Į	J.G.	B.E.	CIVIL ENGINEE RING	2013	UNIVERSI TY COLLEGE OF ENGINEE RING PANRUTI	ANNA UNIVERSI TY	7.11	FIRST CLASS	and Artiseraby  And Artiseraby
F	P.G.	M.E.	ENVIRON MENTAL ENGINEE RING	2015	ERODE SENGUNT HAR ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	7.5	FIRST CLASS	ANIS Allier est,  The second of the second o

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Designation Joining Date		E	Experience	
Name of the Conege	Designation	Worling	Months	Days		
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	03-08-2020	09-03-2023	2	7	7
			Total	2	7	10

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

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

days)   (No. of days)   (No. of days)   Evaluated)   Evaluated)
---

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

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MRS. PRIYAVADHANA KT
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	AE QUARTES PAP COLONY UDUMALPET
Line 2	UDUMALPET,642126
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9894047044
Email	SAIPARIMALAM@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BEZPP6481C
Passport Number	
Aadhar Number	392612685627
Faculty code given by C.O.E.	7236004
Faculty code given by A.I.C.T.E.	1474099345
Date of Birth	26-07-1983
Age	40
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - CHEMIST RY	2003	OTHERS - LRG COLEEGE FOR WOMEN TIRUPPPU R	BHARATH IYAR UNIVERSI TY	78.95	FIRST CLASS	The state of the s
P.G.	M.SC.	OTHERS - CHEMISR TY	2005	OTHERS - PSGR KRISNAM MAL COLLEGE FOR WOMEN COIMBAT ORE	BHARATH IYAR UNIVERSI TY	73	FIRST CLASS	A CONTRACTOR OF THE PROPERTY O
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - CHEMIST RY	2006	OTHERS - PSGR KRISHNA MMAL COLLEGE FOR WOMEN COIMBAT ORE	BHARATH IYAR UNIVERSI TY	66	FIRST CLASS	The second secon
* Upload Scanned copy of Original Degree Certificate.								

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	Relieving Date   Current Date     Joining Date   for Presently		E	Experience	
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
MAHARAJA ENGINEERING COLLEGE FOR WOMEN	OTHERS - LECTURER	18-09-2006	31-05-2007	0	8	13
MAHARAJA ENGINEERING COLLEGE	OTHERS - LECTURER	18-06-2007	13-11-2010	3	4	26
A S L PAULS COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	15-11-2010	27-06-2012	1	7	13
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	05-07-2012	09-03-2023	10	8	5
			Total	16	4	0

# V. Industrial Experience :

Name of t	ne Designation	Nature of Joining Date Relieving Date				xperience	е
Organisati	on	Work	Johning Date		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	Squad	External Examiner	Central Evaluation	Re-Evaluation
ı	(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
	days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MS. THENMOZHI V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	THOTTTHU SALAI, UDUKKAMPALAYAM,
Line 2	UDUMALPET
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9965382046
Email	THEENU_MOZHI@YAHOO.COM
Gender	FEMALE
Community	BC
PAN Number	ATFPT1585K
Passport Number	
Aadhar Number	300101778959
Faculty code given by C.O.E.	7236076
Faculty code given by A.I.C.T.E.	7374272768
Date of Birth	04-08-1987
Age	36
I. Particulars of Educational Qualification : (only o	completed)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEM ATICS	2008	OTHERS - NALLAMU THU GOUNDER MAHALIN GAM COLLEGE	BHARATH IYAR UNIVERSI TY	84	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEM ATICS	2011	OTHERS - SRI GVG VISALAKS HI COLLEGE FOR WOMEN	BHARATH IYAR UNIVERSI TY	87	FIRST CLASS	
OTHERS - M PHIL	OTHERS - M PHIL	OTHERS - MATHEM ATICS	2012	OTHERS - NALLAMU THU GOUNDER MAHALIN GAM COLLEGE	BHARATH IYAR UNIVERSI TY	69	FIRST CLASS	The state of the s

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the College	Designation	Joining Date	Working Institutions	Years	Months	Days
A S L PAULS COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-04-2013	17-10-2015	2	6	17
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-02-2016	09-03-2023	7	1	9
	Total					29

<b>T</b> /	Inductrial	Experience	
٧.	muusma	Experience	٠

Name of the	Designation	Nature of	Joining Date	Isinin - Data	Relieving Date		xperience	,
Organisation	Designation	Work	Joining Date	Kelleving Date	Years	Months	Days	

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

(No. of Member (Practical) (N	ral Evaluation o. 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.



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. SURESHKUMAR V
Regular Or Adjunct	Regular
Image	4. Ohran
<b>Present Designation</b>	ASSISTANT PROFESSOR
Residential Address Line 1	2/259, G. KALIYAPURAM, VELLALA PALAYAM POST
Line 2	POLLACHI 642120
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 8675991332
Email	SURESHSND90@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	FRQPS3304M
Passport Number	
Aadhar Number	392151118821
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9314962611
Date of Birth	08-09-1990
Age	33
I. Particulars of Educational Qualification : (only completed	)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2012	P A COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	84.2	FIRST CLASS	Anna ilhitarah
P.G.	M.E.	POWER ELECTRO NICS AND DRIVES	2014	P A COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	79	FIRST CLASS	and History of the Control of the Co

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
V S B COLLEGE OF ENGINEERING TECHNICAL CAMPUS	ASSISTANT PROFESSOR	30-06-2014	06-11-2019	5	4	7
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2020	09-03-2023	2	9	9
			Total	8	1	17

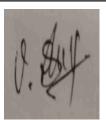
V	7.	Indu	strial	Experi	ence	:

Name of the	Designation	Nature of	Joining Date	Relieving Date	xperience	•
Organisation	Designation	Work	Joining Date		Months	Days

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

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

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY		
Name of the Department	SCIENCE AND HUMANITIES		
Name of the Degree & Course	B.EGENERAL ENGINEERING		
Name of the faculty member	MR. JAGADEESH C		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	247/6, GVG NAGAR, SWAMYNATHAPURAM POST		
Line 2	PALANI 642113		
District	DINDIGUL		
Telephone number	-		
Mobile number	+91 - 9865553957		
Email	CJAGAEEE@GMAIL.COM		
Gender	MALE		
Community	BC		
PAN Number	ASJPJ6989N		
Passport Number			
Aadhar Number	244528341466		
Faculty code given by C.O.E.			
Faculty code given by A.I.C.T.E.	7367627735		
Date of Birth	22-10-1988		
Age	35		
I. Particulars of Educational Qualification : (only completed)			

Ca	tegory	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.C	G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2010	K S R COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	73	FIRST CLASS	Anna Reliteration  Anna Relitera
P.0	S.	M.E.	POWER SYSTEMS ENGINEE RING	2015	SRI SUBRAMA NYA COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.5	FIRST CLASS	Anna Bhirready

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 )  $\mbox{*}$ 

	Name of the College	Designation	Designation Joining Date f		Experience		
	Name of the Conege	Designation	Johning Date	for Presently Working Institutions	Years	Months	Days
	POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	22-02-2017	09-03-2023	6	0	16
				Total	6	0	16

Name of the	Designation	Nature of	Joining Date	Relieving Date	xperience	•
Organisation	Designation	Work	Joining Date	Kellevilly Date	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	Squad Member	External Examiner (Practical)	Central Evaluation (No. of scripts	Re-Evaluation (No. of scripts
L	days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY		
Name of the Department	CIVIL ENGINEERING		
Name of the Degree & Course	B.ECIVIL ENGINEERING		
Name of the faculty member	MR. RAMESHKUMAR S		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	101, PALANI ANDAVAR NAGAR, UDUMALPET		
Line 2	TIRUPPUR		
District	TIRUPPUR		
Telephone number	-		
Mobile number	+91 - 9790213628		
Email	ROCKRAMESH1990@GMAIL.COM		
Gender	MALE		
Community	BC		
PAN Number	ATQPR2740D		
Passport Number			
Aadhar Number	881853522577		
Faculty code given by C.O.E.	7236081		
Faculty code given by A.I.C.T.E.	3203817860		
Date of Birth	09-10-1990		
Age	33		
I. Particulars of Educational Qualification : (only com	pleted)		

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2014	THIRUVAL LUVAR COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	62	FIRST CLASS	The State of the S
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2016	AKSHAYA COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	74	FIRST CLASS	Anna Britane and Comment of the Comm

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

Score: File:

II.	Title	of	Ph.	.D.	<b>Thesis</b>
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# III. Faculty in which Ph.D. was awarded

# IV. Academic Experience :

( Start from the Current working Experience ) \*

Name of the College	e Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the Conego	Designation	Joining Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE ( ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	04-07-2016	09-03-2023	6	8	6
			Total	6	8	10

#### V. Industrial Experience :

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

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

cupacity at willer
AUR (No. of days) (No.

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

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY						
Name of the Department	CIVIL ENGINEERING						
Name of the Degree & Course	B.ECIVIL ENGINEERING						
Name of the faculty member	MR. ANBARASU R						
Regular Or Adjunct	Regular						
Image							
<b>Present Designation</b>	ASSISTANT PROFESSOR						
Residential Address Line 1	124-BUNGALOWPUDUR ROAD, KALIMEDU, KANGEYAM						
Line 2	TIRUPPUR - 638701						
District	TIRUPPUR						
Telephone number	-						
Mobile number	+91 - 9786006696						
Email	ANBU_CIVIL001@REDIFFMAIL.COM						
Gender	MALE						
Community	BC						
PAN Number	APVPA8640Q						
Passport Number							
Aadhar Number	438738496985						
Faculty code given by C.O.E.							
Faculty code given by A.I.C.T.E.	AU1						
Date of Birth	02-08-1986						
Age	37						
I. Particulars of Educational Qualification : (only comp	I. Particulars of Educational Qualification : (only completed)						

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEER ING	2007	ERODE SENGUNT HAR ENGINEER ING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	67	FIRST CLASS	The second of th
P.G.	M.E.	STRUCTUR AL ENGINEER ING	2008	KUMARAG URU COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	70	FIRST CLASS	The second secon

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

 $\textbf{I.a. Additional Qualification:-} \ \ \texttt{NO ADDITIONAL QUALIFICATION}$ 

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	E	xperience	<del>)</del>
Name of the conege	the College Designation		Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	16-05-2022	09-03-2023	0	9	25
			Total	0	9	29

### V. Industrial Experience:

Name of the	Designation	Nature of Work	Ioining Date	Relieving Date	E	xperience	е	
Organisation	Designation	Nature of Work	Joining Date		Years	Months	Days	]

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

cupacity at i	cupacity at which service is chieffact for the conduct of Emiliation during the last year								
AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation					
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts					
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)					

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



	<del>_</del>
Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.ECIVIL ENGINEERING
Name of the faculty member	MR. MAHENDRAN K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	S MALAYANDIPATTANAM, SEELAKKAMPATTI POST,
Line 2	POLLACHI - 642 205
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9942245515
Email	MAHISPACEMKR@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	COEPM8858N
Passport Number	
Aadhar Number	996249517401
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9321429251
Date of Birth	27-05-1979
Age	44
I. Particulars of Educational Qualification :	(only completed)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2001	OTHERS - KARUNYA INSTITUT E OF TECHNOL OGY	BHARATHI YAR UNIVERSI TY	78	FIRST CLASS	
P.G.	M.E.	ENVIRON MENTAL ENGINEE RING	2016	ERODE SENGUNT HAR ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	7.6	FIRST CLASS	San Milorary

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

Score : File :

II.	Title	of	Ph	.D.	Thesis	S

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

### IV. Academic Experience :

( Start from the Current working Experience ) \*

Name of the College	Name of the College Designation Joining Date		Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2016	09-03-2023	6	8	9
			Total	6	8	13

### V. Industrial Experience :

Name of the	Decignation	Nature of Work	Joining Date	Polioving Dato	Е	xperience	,
Organisation	Designation	Nature of Work	Joining Date	Keneving Date	Years	Months	Days

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

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

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

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY					
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING					
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING					
Name of the faculty member	MS. SURIYA D					
Regular Or Adjunct	Regular					
Image	A Share					
Present Designation	ASSISTANT PROFESSOR					
Residential Address Line 1	1/25, EAST THOTTAM, SEELAKKAMPATTI POST					
Line 2	POLLACHI - 642205					
District	COIMBATORE					
Telephone number	-					
Mobile number	+91 - 7708355266					
Email	SURYASKP95@GMAIL.COM					
Gender	FEMALE					
Community	ВС					
PAN Number	EFTPS8281H					
Passport Number	V6326843					
Aadhar Number	793342478182					
Faculty code given by C.O.E.						
Faculty code given by A.I.C.T.E.	43408994064					
Date of Birth	02-05-1995					
Age	28					
I. Particulars of Educational Qualification : (only completed)						

Categor	Name of y the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2019	POLLACHI INSTITUT E OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.33	SECOND CLASS	Anni Hitterafiy
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2021	DR MAHALIN GAM COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	7.6	FIRST CLASS	All surveys of the control of the co

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Experience		
	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	16-05-2022	09-03-2023	0	9	25
			Total	0	9	29

Name of the	Designation	Nature of	Joining Date	Relieving Date		xperience	•
Organisation	Designation	Work	Joining Date	Keneving Date	Years	Months	Days

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

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

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

D Swip

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. GUNASEKARAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	TKN PUDUR, AVAKUDI,
Line 2	PALANI - 624613
District	DINDIGUL
Telephone number	-
Mobile number	+91 - 9600914043
Email	GUNAESEC@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CJHPR7654B
Passport Number	
Aadhar Number	598075989295
Faculty code given by C.O.E.	7236048
Faculty code given by A.I.C.T.E.	2310321199
Date of Birth	10-03-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2011	ERODE SENGUNT HAR ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	8.3	FIRST CLASS	THE CONTROL OF THE CO
P.G.	M.E.	ENGINEE RING DESIGN	2014	SBM COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.4	FIRST CLASS	The state of the s

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Experience		
	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2014	08-03-2023	8	8	8
	8	8	12			

Name of the	Designation	mation Nature of Joining Date Relieving Date	E	Experience	•		
Organisation	Designation	Work	Johning Date		Years	Months	Days

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

AUR (No. of	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.



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. JEEVAA D
Regular Or Adjunct	Regular
Image	A. Original of the second of t
<b>Present Designation</b>	ASSISTANT PROFESSOR
Residential Address Line 1	1/52, KURALKUTTAI POST
Line 2	UDUMALPET 642154
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9994904939
Email	JEEVAAHPC@GMAIL.COM
Gender	MALE
Community	ВС
PAN Number	AQSPJ5230B
Passport Number	
Aadhar Number	931658004466
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	19316088565
Date of Birth	05-08-1990
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2013	GOVERN MENT COLLEGE OF TECHNOL OGY COIMBAT ORE (AUTONO MOUS)	ANNA UNIVERSI TY	78.3	FIRST CLASS	The state of the s
P.G.	M.E.	POWER SYSTEMS ENGINEE RING	2016	SRI SUBRAMA NYA COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.24	FIRST CLASS	Name The First of State of Sta

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 Desi	Designation Joining Dat		Relieving Date / Current Date for Presently	Experience		
	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-01-2017	09-03-2023	6	2	8
	6	2	9			

Name of the	Designation	Nature of	Joining Date	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date		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	Squad	External Examiner	Central Evaluation	Re-Evaluation
	(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
	days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)
l	uays)	(No. of days)	(No. of days)	Evaluateu)	Evaluateu)

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MRS. PUSHPALATHA S
Regular Or Adjunct	Regular
Image	4 Shaun
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/96 A, S.MALAYANDIPATTINAM, SEELAKKAMPATTI
Line 2	POLLACHI - 642205
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9345135954
Email	PUSHPALATHA_CHE@PIETECH.EDU.IN
Gender	FEMALE
Community	ВС
PAN Number	BUJPP8816P
Passport Number	
Aadhar Number	594299019539
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9321612272
Date of Birth	03-02-1986
Age	37
I. Particulars of Educational Qualification : (only comp	leted)

Category	Name of the Degree	Specializat ion	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 - CHEMISTR Y	2006	OTHERS - SRI GVG VISALAKSH I COLLEGE	BHARATHI YAR UNIVERSIT Y	85	DISTINCTI ON	
P.G.	M.SC.	OTHERS - CHEMISTR Y	2008	OTHERS - KARPAGAM ARTS AND SCIENCE COLLEGE	BHARATHI YAR UNIVERSIT Y	90	DISTINCTI ON	
OTHERS - M.PHIL.	OTHERS - CHEMISTR Y	OTHERS - CHEMISTR Y	2014	OTHERS - GOVERNM ENT ARTS AND SCIENCE COLLEGE	BHARATHI YAR UNIVERSIT Y	75	FIRST CLASS	

 $<sup>\</sup>mbox{*}$  Upload Scanned copy of Original Degree Certificate.

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 )  $\mbox{*}$ 

Name of the College	Designation Joining Date		Relieving Date / Current Date for Presently	Experience		•
Name of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	30-08-2013	09-03-2023	9	6	11
			Total	9	6	14

### V. Industrial Experience :

Name of the	Designation	Nature of Work	Ioining Date	Relieving Date	Е	xperience	e
Organisation	Designation	Nature of Work	Joining Date		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 Me (No. of d	(Practical)	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.



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. VIGNESH M
Regular Or Adjunct	Regular
Image	
<b>Present Designation</b>	ASSISTANT PROFESSOR
Residential Address Line 1	49, SRI RAJARAJESWARI NAGAR 2, T. KOTTAMPATTI,
Line 2	POLLACHI - 642002
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9976563386
Email	VIGNESHMAHESWARASAMY@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ALXPV1766A
Passport Number	
Aadhar Number	295527963568
Faculty code given by C.O.E.	7236064
Faculty code given by A.I.C.T.E.	2697234801
Date of Birth	28-08-1990
Age	33
I. Particulars of Educational Qualification : (only	completed)

Category	Name of the Degree	Specializati on	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.	ELECTRONI CS AND COMMUNIC ATION ENGINEERI NG	2013	DR MAHALING AM COLLEGE OF ENGINEERI NG AND TECHNOLO GY (AUTONOM OUS)	ANNA UNIVERSIT Y	7	FIRST CLASS	and Interest of the Control of the C
P.G.	M.E.	VLSI DESIGN	2015	P A COLLEGE OF ENGINEERI NG AND TECHNOLO GY (AUTONOM OUS)	ANNA UNIVERSIT Y	8.1	FIRST CLASS	And British and State of the St

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 )  $\ensuremath{^*}$ 

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience	•
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	29-06-2015	09-03-2023	7	8	11
			Total	7	8	15

### V. Industrial Experience :

Name of the		Nature of Work	Joining Date	Relieving Date	Е	xperience	•
Organisation	Designation	Nature of Work	Joining Date		Years	Months	Days

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

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:
Signature of the Faculty:

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department SCIENCE AND HUMANITIES	
Name of the Degree & Course B.EGENERAL ENGINEERING	
Name of the faculty member MRS. KEERTHANA R	
Regular Or Adjunct	Regular
Image	A. O.
<b>Present Designation</b>	ASSISTANT PROFESSOR
Residential Address Line 1	2/61, JOTHAMPATTI, A.NAGOOR,
Line 2	POLLACHI - 642 205
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9976159363
Email	KEERTHANA1192@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	НҮРРК0683С
Passport Number	
Aadhar Number	605569527116
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43412308451
Date of Birth	15-06-1992
Age	31
I. Particulars of Educational Qualification : (only com	apleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUNI CATION ENGINEE RING	2013	P A COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	8.37	FIRST CLASS	The state of the s
P.G.	M.E.	VLSI DESIGN	2016	P A COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	8	FIRST CLASS	And Multicrept Management of the Control of the Con

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 )  $\mbox{*}$ 

Name of the College	Decignation	Joining Date	Relieving Date / Current Date	Experience		
Name of the conege	Designation   Joining Da	Johning Date	for Presently Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-02-2023	09-03-2023	0	1	9
			Total	0	1	9

Name of the	Designation	Nature of Work	Joining Date	Polioving Date	E	xperience	•
Organisation	Designation	Nature of Work	Joining Date	Keneving Date	Years	Months	Days

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

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

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. SHANMUGAVEL D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/121 VILAMARATHUPATTI POST, UDUMALPET TK, TIRUPUR DT-642207
Line 2	UDUMALPET-642207
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9566341908
Email	SHANVELARUN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	EJUPS8228H
Passport Number	
Aadhar Number	248203679375
Faculty code given by C.O.E.	9209082
Faculty code given by A.I.C.T.E.	3203818497
Date of Birth	21-04-1990
Age	33
I. Particulars of Educational Qualification : (only comp	oleted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2012	KONGU ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	66.4	FIRST CLASS	And Alliuration of the Control of th
P.G.	M.E.	POWER ELECTRO NICS AND DRIVES	2014	K S RANGASA MY COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	77.9	FIRST CLASS	Anna Alliterative of the control of

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	Experience		
	Name of the College	Designation	Joining Date	Working Institutions	Years	Months	Days
F	N S N COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	09-06-2014	02-11-2015	1	4	24
	POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	05-11-2015	09-03-2023	7	4	5
				Total	8	8	3

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

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

Cupacity at	T SCIVICE IS	The conduction of the conduction		the last year
AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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

Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. DEEPIKA S
Regular Or Adjunct	Regular
Image	
<b>Present Designation</b>	ASSISTANT PROFESSOR
Residential Address Line 1	20 , VEL ILLAM , SAKTHI NAGAR , HOPE COLLEGE , PEELAMEDU
Line 2	COIMBATORE - 641 004.
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9865759059
Email	SDEEPIKA372012@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BMJPD3374E
Passport Number	
Aadhar Number	872886834446
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	19570495712
Date of Birth	03-07-1991
Age	32
I. Particulars of Educational Qualification : (only comp	pleted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2013	P A COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	84	FIRST CLASS	Anna Historical Control of the Contr
P.G.	M.E.	POWER ELECTRO NICS AND DRIVES	2015	SRI ESHWAR COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	82	FIRST CLASS	Against all thirters (b).  Committee of the committee of

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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 Callege	Designation	Inining Data	Relieving Date / Current Date	Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	29-06-2015	14-03-2019	3	8	16
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	06-03-2023	09-03-2023	0	0	4
ASIAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-04-2021	03-03-2023	1	11	3
			Total	5	7	27

V. Industrial Experience :	
----------------------------	--

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

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

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

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



Name of the College	7236 - POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.ECIVIL ENGINEERING
Name of the faculty member	MR. JAWAHAR M
Regular Or Adjunct	Regular
Image	4. Oher
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	59/27 A, VENKATHSHAPURAM, 4TH STREET, PN ROAD,
Line 2	METTUPALAYAM, TIRUPPUR - 641602
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9500032634
Email	JAWAHARM.CIVIL@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AVLPJ6522G
Passport Number	
Aadhar Number	205664886745
Faculty code given by C.O.E.	7236053
Faculty code given by A.I.C.T.E.	2732262613
Date of Birth	20-12-1990
Age	33
I. Particulars of Educational Qualification : (only o	completed)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2013	SRIGURU INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	73	FIRST CLASS	Anna Huiterray  Section 1997 -
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2015	BANNARI AMMAN INSTITUT E OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	78	FIRST CLASS	Annua Heritarray

<sup>\*</sup> Upload Scanned copy of Original Degree Certificate.

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	E	xperience	<b>)</b>
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
POLLACHI INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	29-06-2015	09-03-2023	7	8	11
			Total	7	8	15

### V. Industrial Experience :

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

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

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

