






**Anna University, Chennai  
Jaya Sakthi Engineering College - 1120**

**Consolidated\_Report**

**13.faculty**

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	DR. RAJARAM NARAYANAN M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	PROFESSOR
<b>Residential Address</b> Line 1	NO 21 7 TH BLOCK MADHURAVOYAL
Line 2	CHENNAI,600095
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9884662400
<b>Email</b>	RAJARAM76@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	OC
<b>PAN Number</b>	AHFPR0177H
<b>Passport Number</b>	
<b>Aadhar Number</b>	367679724837
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	21-04-1967
<b>Age</b>	57
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	1989	OTHERS - MADURAI KAMARAJ UNIVERSITY	OTHERS - MADURAI KAMARAJ UNIVERSITY	Y	FIRST CLASS	
P.G.	M.E.	AVIONICS	2019	ADHIPAR ASAKTHI ENGINEERING COLLEGE	ANNA UNIVERSITY	85	FIRST CLASS	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2008	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	Y		

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

A NOVEL APPROACH TO ESTIMATE THE SURFACE FINISH OF MACHINED COMPONENTS USING COMPUTER VISION AND SOFT COMPUTING TECHNIQUE

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

FACULTY OF MECHANICAL ENGINEERING

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
ARULMIGU MEENAKSHI AMMAN COLLEGE OF ENGINEERING	PROFESSOR	28-06-2007	26-05-2009	1	10	29
OTHERS - ARCHANA COLLEGE OF ENGINEERING	PROFESSOR	28-05-2009	02-04-2012	2	10	6
OTHERS - MOUNTZION COLLEGE OF ENGINEERING	PRINCIPAL	28-02-2014	03-10-2014	0	7	4
OTHERS - MOUNTZION COLLEGE OF ENGINEERING FOR WOMEN	PRINCIPAL	21-12-2012	14-02-2014	1	1	25
OTHERS - DRMGR RESEARCH INSTITUTE UNIVERSITY	PROFESSOR	21-02-2019	28-06-2023	4	4	7
OTHERS - CHIRST KNOWLEDGE CITY WOMEN ENGG COLLEGE	PRINCIPAL	13-10-2017	15-02-2019	1	4	3
OTHERS - DR MGR ENGINEERING COLLEGE	ASSISTANT PROFESSOR	12-08-2000	21-06-2007	6	10	10
OTHERS - SRI RAMA INSTITUTE OF SCIENCE AND ENGINEERING	PRINCIPAL	07-10-2014	28-09-2017	2	11	22
JAYA SAKTHI ENGINEERING COLLEGE	PROFESSOR	06-06-2024	13-06-2024	0	0	8
OTHERS - MALABAR COLLEGE ENGINEERING AND TECHNOLOGY	OTHERS - DEAN	04-04-2012	17-12-2012	0	8	14
<b>Total</b>				22	9	15

#### V. Industrial Experience :

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

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

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


AUR (No. of days) 2	Squad Member (No. of days) 5	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 :



Signature of the Faculty :

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
<b>Name of the faculty member</b>	DR. MADHURIKKHA S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	PROFESSOR
<b>Residential Address</b> Line 1	NO 33/18,VADIVEL PURAM,WEST MAMBALAM
Line 2	CHENNAI-600033
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9840332530
<b>Email</b>	MADHURIKKHA@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BTIPS4368B
<b>Passport Number</b>	
<b>Aadhar Number</b>	686567134135
<b>Faculty code given by C.O.E.</b>	3108047
<b>Faculty code given by A.I.C.T.E.</b>	427052717
<b>Date of Birth</b>	07-04-1984
<b>Age</b>	40
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2005	JEPPIAAR ENGINEERING COLLEGE	ANNA UNIVERSITY	81	DISTINCT ION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2007	OTHERS - SATHYABAMA UNIVERSITY	OTHERS - SATHYABAMA UNIVERSITY	88	DISTINCT ION	
PH.D.	PH.D.	COMPUTER SCIENCE AND ENGINEERING	2020	OTHERS - SATHYABAMA UNIVERSITY	OTHERS - SATHYABAMA UNIVERSITY	Y		

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

AN EFFICIENT SECURITY MECHANISM FOR RESOURCE CONSUMPTION AND PACKET PING ATTACK IN MOBILE AD HOC NETWORK

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

FACULTY OF TECHNOLOGY

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	30-01-2023	13-06-2024	1	4	15
JEPPIAAR ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-09-2007	09-01-2023	15	4	7
<b>Total</b>				16	8	26


**V. Industrial Experience :**

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

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

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

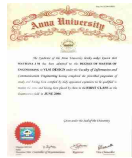
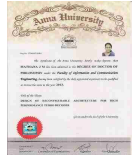
It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-BIOMEDICAL ENGINEERING
<b>Name of the faculty member</b>	DR. MATHANA J M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	PROFESSOR
<b>Residential Address</b> Line 1	NO 30 THIRD STREET PADMAVATHY NAGAR
Line 2	KATHIRVEDU, CHENNAI-600099
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9840376236
<b>Email</b>	PRINCIPAL.JSEC2006@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	AIOPJ7571P
<b>Passport Number</b>	
<b>Aadhar Number</b>	334112255811
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	22-05-1970
<b>Age</b>	54
<b>I. Particulars of Educational Qualification : (only completed)</b>	



Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.E.	VLSI DESIGN	2006	R M K ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	83.4	FIRST CLASS	
PH.D.	PH.D.	OTHERS - INFORMATION AND COMMUNICATION ENGINEERING	2013	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	Y		

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

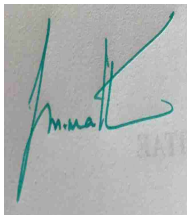
<b>II. Title of Ph.D. Thesis</b>	DESIGN OF RECONFIGURABLE ARCHITECTURE FOR HIGH PERFORMANCE TURBO DECODER
<b>III. Faculty in which Ph.D. was awarded</b>	FACULTY OF INFORMATION AND COMMUNICATION ENGINEERING
<b>IV. Academic Experience :</b> <b>( Start from the Current working Experience ) *</b>	


Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - MANGALAM COLLEGE OF ENGINEERING	PRINCIPAL	25-05-2018	15-05-2019	0	11	22
CHENNAI INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	PRINCIPAL	24-06-2019	26-02-2020	0	8	3
JAYA SAKTHI ENGINEERING COLLEGE	PROFESSOR	24-02-2024	29-02-2024	0	0	6
HINDUSTHAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	OTHERS - DEAN RESEARCH	11-07-2022	09-02-2024	1	6	30
ST PETER'S COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - DEAN	09-03-2020	05-07-2022	2	3	28
S A ENGINEERING COLLEGE (AUTONOMOUS)	PROFESSOR	07-11-2013	18-05-2018	4	6	12
R M D ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	06-06-2002	31-05-2011	8	11	25
R M K COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSOCIATE PROFESSOR	01-06-2011	05-11-2013	2	5	5
<b>Total</b>				21	6	16




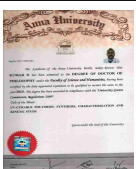
  

<b>V. Industrial Experience :</b>							
-----------------------------------	--	--	--	--	--	--	--

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
<b>VI. C.O.E. Appointment Experience :</b>							
<b>Capacity at which service is extended for the conduct of Exmination during the last year</b>							
<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>			
It is certified that all the information provided are true to the best of my knowledge.							
<div style="display: flex; align-items: center;"> <div style="flex: 1;">Signature of the Faculty :</div> <div style="flex: 1; text-align: center;">  </div> </div>							

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-CHEMISTRY
<b>Name of the faculty member</b>	DR. KUMAR D
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	PROFESSOR
<b>Residential Address</b> Line 1	NO 32 VELLIYUR CHATHIRAM
Line 2	VELLITUR POST
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8778269391
<b>Email</b>	KUMAR.JSEC@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	BYZPK7244N
<b>Passport Number</b>	
<b>Aadhar Number</b>	303173232325
<b>Faculty code given by C.O.E.</b>	1120144
<b>Faculty code given by A.I.C.T.E.</b>	7431014078
<b>Date of Birth</b>	30-04-1973
<b>Age</b>	51
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - CHEMISTRY	1995	OTHERS - PRESIDENCY COLLEGE	UNIVERSITY OF MADRAS	69.03	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	1998	OTHERS - PRESIDENCY COLLEGE	UNIVERSITY OF MADRAS	64.30	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - CHEMISTRY	2009	OTHERS - MALAR INSTITUTE	PERIYAR UNIVERSITY	70	FIRST CLASS	
PH.D.	PH.D.	CHEMISTRY	2015	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	FIRST CLASS		

\* Upload Scanned copy of Original Degree Certificate.

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

<b>II. Title of Ph.D. Thesis</b>	UV CROSSLINKABLE POLYMER SYNTHESIS CHARACTERIZATION AND KINETIC STUDY
<b>III. Faculty in which Ph.D. was awarded</b>	FACULTY OF SCIENCE AND HUMANITIES
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - DRSIRALM ARTS AND SCIENCE COLLEGE	OTHERS - LECTURER	31-10-2005	30-06-2010	4	8	1
JAYA SAKTHI ENGINEERING COLLEGE	PROFESSOR	24-06-2019	09-02-2024	4	7	16
JAYA SURIYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-07-2010	30-04-2019	8	9	11
<b>Total</b>				18	0	0

#### V. Industrial Experience :

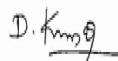
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
ANNA UNIVERSITY	RESEARCH ASSISTANT	DST PROJECT	10-01-2000	16-12-2002	2	11	7
<b>Total</b>					2	11	11

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

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



Signature of the Faculty :

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	DR. ARUNPILLAI K V
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	78/1 PILLAIYAR KIVIL ST KILAMBAKKAM THIRUVALLUR
Line 2	THIRUVALLUR-602025
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9500283075
<b>Email</b>	ARUNPILLAIKV@CITCHENNAI.NET
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	DZOPA5988M
<b>Passport Number</b>	
<b>Aadhar Number</b>	725186928173
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	11017805332
<b>Date of Birth</b>	13-02-1988
<b>Age</b>	36
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2009	JAYA ENGINEERING COLLEGE	ANNA UNIVERSITY	66	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2011	THANTHAI PERIYAR GOVERNMENT INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	75	FIRST CLASS	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2020	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	Y		

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

PERFORMANCE EVALUATION OF DIELECTRIC FLUIDS IN MICRO ELECTRICAL DISCHARGE MILLING OF Ti 6Al 4V ALLOY

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

FACULTY OF MECHANICAL ENGINEERING

**IV. Academic Experience :**

**( Start from the Current working Experience ) \***

Name of the College	Designation	Joining Date	Relieving Date / <b>Current Date for Presently Working Institutions</b>	Experience		
				Years	Months	Days
CHENNAI INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	27-01-2022	26-05-2022	0	3	31
JAYA SAKTHI ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	26-02-2024	13-06-2024	0	3	17
<b>Total</b>				0	7	21

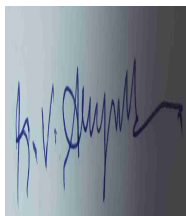
**V. Industrial Experience :**

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

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

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





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



**Signature of the Faculty :**



<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-PHYSICS
<b>Name of the faculty member</b>	DR. SARAIVANAN G
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	NO 39/A SRI SAI GARDEN
Line 2	MOONDRAM KATTLAI, KOVUR, CHENNAI -122
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9994483785
<b>Email</b>	SARAN_13@YAHOO.CO.IN
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BTOPS0707E
<b>Passport Number</b>	
<b>Aadhar Number</b>	427481744809
<b>Faculty code given by C.O.E.</b>	1120051
<b>Faculty code given by A.I.C.T.E.</b>	1455915201
<b>Date of Birth</b>	13-05-1980
<b>Age</b>	44
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - PHYSICS	2002	OTHERS - TK GOVT ARTS COLLEGE	OTHERS - MADRAS UNIVERSITY	59	SECOND CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - PHYSICS	2007	OTHERS - BHARATH IDASAN UNIVERSITY	BHARATH IDASAN UNIVERSITY	73	SECOND CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2004	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	6.7	FIRST CLASS	
PH.D.	PH.D.	PHYSICS	2021	OTHERS - SRM UNIVERSITY	OTHERS - SRM UNIVERSITY	AWARDED		

\* Upload Scanned copy of Original Degree Certificate.

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

<b>II. Title of Ph.D. Thesis</b>	SYNTHESIS AND MULTI FUNCTIONAL PROPERTIES OF TAUSONITE SRTIO3 COMPOUND DOPED WITH CERIA CEO2 TUNGSTEN TRIOXIDE WO3 AND GALIUM SESQUIOXIDE GA2O3 MATERIALS
<b>III. Faculty in which Ph.D. was awarded</b>	FACULTY OF SCIENCE AND HUMANITIES
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - MPKT COLLEGE	ASSISTANT PROFESSOR	18-06-2004	07-06-2006	1	11	20
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-12-2007	13-06-2024	16	6	4
BHAJARANG ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-06-2006	02-12-2007	1	5	23
<b>Total</b>				19	11	23

#### V. Industrial Experience :

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

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


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



AUR (No. of days) 10	Squad Member (No. of days) 10	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
----------------------------	-------------------------------------	---	--	---

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

Signature of the Faculty :



<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	PHARMACEUTICAL
<b>Name of the Degree &amp; Course</b>	B.TECH.-PHARMACEUTICAL TECHNOLOGY
<b>Name of the faculty member</b>	DR. EVY ALICE ABIGAIL M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	NO.2 HARERAM NAGAR RAJAJI PURAM
Line 2	TIRUVALLUR,602001
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9629406634
<b>Email</b>	EAABIGAIL@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	ACIPE0397E
<b>Passport Number</b>	
<b>Aadhar Number</b>	593855012962
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	03-07-1990
<b>Age</b>	34
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	OTHERS - MS BY RESEARCH	OTHERS - BIO TECH	2014	OTHERS - VIT UNIVERSITY	OTHERS - VIT UNIVERSITY	Y	FIRST CLASS	
PH.D.	PH.D.	BIOTECHNOLOGY	2017	OTHERS - VIT UNIVERSITY	OTHERS - VIT UNIVERSITY	Y		

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

ENVIRONMENTALLY SAFER  
FORMULATION OF 2,4  
DICHLOROPHENOXYACETIC

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

FACULTY OF TECHNOLOGY

**IV. Academic Experience :**

**( Start from the Current working Experience ) \***

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	26-07-2023	13-06-2024	0	10	19
Total				0	10	24

**V. Industrial Experience :**

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

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


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




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		2	2	1

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

**Signature of the Faculty :**

A handwritten signature in blue ink, appearing to be 'S. S.', is visible on a light-colored background.

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-CHEMISTRY
<b>Name of the faculty member</b>	DR. ARUNKUMAR R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	NO 78, AVVAI THIRU NAGAR, 2ND ST., CHINMAYA NAGAR, VIRUGAMBAKKAM, CHENNAI. 92
Line 2	CHENNAI
<b>District</b>	CHENNAI
<b>Telephone number</b>	044 - 43513567
<b>Mobile number</b>	+91 - 9159227277
<b>Email</b>	ARUSUVAI13@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AYXPA7812K
<b>Passport Number</b>	
<b>Aadhar Number</b>	440631124618
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	13-10-1977
<b>Age</b>	47
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - CHEMISTRY	2000	OTHERS - VOORHEES COLLEGE	UNIVERSITY OF MADRAS	59	SECOND CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2004	OTHERS - CHAKKEM COLLEGE	UNIVERSITY OF MADRAS	61	FIRST CLASS	
PH.D.	PH.D.	OTHERS - ORGANIC CHEMISTRY	2011	OTHERS - ISLAMIAH COLLEGE	THIRUVALLUVAR UNIVERSITY	AWARDED		

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

SYNTHESIS AND CHARACTERIZATION OF SOME NATURAL COMPOUNDS

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

FACULTY OF SCIENCE AND HUMANITIES

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



Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	22-06-2022	13-06-2024	1	11	22
SREE SASTHA INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	11-06-2014	30-11-2015	1	5	20
ST PETER'S COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	09-05-2006	29-05-2009	3	0	21
SREE SASTHA COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	09-02-2016	30-11-2016	0	9	21
INDIRA INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	08-06-2009	30-05-2014	4	11	22
<b>Total</b>				12	3	19

#### V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
BOMBAY TABLET MFG CO PVT LTD	QUALITY CONTROL	ANALYZING COMPOSITION	07-01-2002	27-03-2003	1	2	21
<b>Total</b>					1	2	21

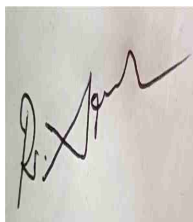
#### VI. C.O.E. Appointment Experience :


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


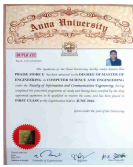
AUR (No. of days) 10	Squad Member (No. of days) 4	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
----------------------------	------------------------------------	---	--	---

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

Signature of the Faculty :



<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING (CYBER SECURITY)
<b>Name of the faculty member</b>	MS. PRAISE MORE E
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO 39/60A, VIVEKANANDHA STREET
Line 2	NEW LAKSHMIPURAM, KOLATHUR
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9940105326
<b>Email</b>	JAN.PRAISEY@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BYDPP0805N
<b>Passport Number</b>	
<b>Aadhar Number</b>	784026095683
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	7437380237
<b>Date of Birth</b>	30-01-1991
<b>Age</b>	33
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2014	JAYA SAKTHI ENGINEERING COLLEGE	ANNA UNIVERSITY	7.12	DISTINCT ION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2016	SRI RAM ENGINEERING COLLEGE	ANNA UNIVERSITY	75	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-07-2020	13-06-2024	3	11	10
<b>Total</b>				<b>3</b>	<b>11</b>	<b>15</b>

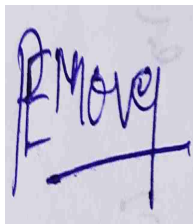
**V. Industrial Experience :**

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


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



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

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



**Signature of the Faculty :**

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	MR. VIJAY KARAN K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	DOOR NO 695,TNHB COLONY,VIRUPATCHIPURAM,
Line 2	DHARMAPURI,636705
<b>District</b>	DHARMAPURI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9025445121
<b>Email</b>	VIJAYMECHANIC99@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	SC
<b>PAN Number</b>	AXQPV5790D
<b>Passport Number</b>	
<b>Aadhar Number</b>	258514376683
<b>Faculty code given by C.O.E.</b>	1120123
<b>Faculty code given by A.I.C.T.E.</b>	12372756385
<b>Date of Birth</b>	21-04-1991
<b>Age</b>	33
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2012	KARPAGAM COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	86	DISTINCTION	
P.G.	M.E.	ENERGY ENGINEERING	2014	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	8.4	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

**IV. Academic Experience :**

**( Start from the Current working Experience ) \***

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-08-2014	13-06-2024	9	10	10
<b>Total</b>				9	10	15

**V. Industrial Experience :**

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

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


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

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


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

**Signature of the Faculty :**

A handwritten signature in blue ink, appearing to be 'H. Vignani', is written over a horizontal line.

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-ENGLISH
<b>Name of the faculty member</b>	MR. LOGANATHAN P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	152,GEETHALAKSHMI ST
Line 2	NEMILICHERRI,601024
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9696394942
<b>Email</b>	LOGANATHANENG@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	ALQPL6110M
<b>Passport Number</b>	L0000051
<b>Aadhar Number</b>	660501282870
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	05-04-1989
<b>Age</b>	35
<b>I. Particulars of Educational Qualification : (only completed)</b>	



Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	ADHIPARA SAKTHI ENGINEERING COLLEGE	ANNA UNIVERSITY	85	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

**IV. Academic Experience :**

**( Start from the Current working Experience ) \***

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	08-03-2023	13-06-2024	1	3	6
<b>Total</b>				1	3	7

**V. Industrial Experience :**

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

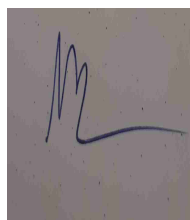
**VI. C.O.E. Appointment Experience :**


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



AUR (No. of days) 2	Squad Member (No. of days) 1	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
------------------------	---------------------------------	---	---	--

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

**Signature of the Faculty :**



<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	MR. KARTHIKEYAN P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO 15,LINGAIYA ILLAM,NEHRU STREET,MANAVALA NAGAR
Line 2	THIRUVALLUR 602002
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8681963375
<b>Email</b>	KARTHIK_ILA82@YAHOO.COM
<b>Gender</b>	MALE
<b>Community</b>	SC
<b>PAN Number</b>	AVPPK0157J
<b>Passport Number</b>	
<b>Aadhar Number</b>	915939475609
<b>Faculty code given by C.O.E.</b>	1120079
<b>Faculty code given by A.I.C.T.E.</b>	12372744624
<b>Date of Birth</b>	27-11-1982
<b>Age</b>	42
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	PRODUCTION ENGINEERING	2004	SETHU INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2011	JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.9	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	20-08-2014	13-06-2024	9	9	25
INDIRA INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	19-06-2013	31-07-2014	1	1	12
SREE SASTHA INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2011	22-05-2013	1	10	22
<b>Total</b>				12	9	4

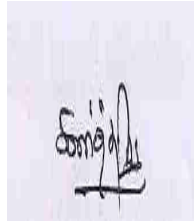
**V. Industrial Experience :**

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

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

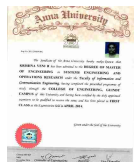
<b>AUR (No. of days) 1</b>	<b>Squad Member (No. of days) 5</b>	<b>External Examiner (Practical) (No. of days) 5</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
--	---	--	--	---

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



**Signature of the Faculty :**

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
<b>Name of the faculty member</b>	MS. KRISHNAVENI B
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	29,4TH STREET,SASTHRI NAGAR
Line 2	ADAMBAKKAM,600088
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9952908463
<b>Email</b>	KRISHNAVENICSE@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	AZZPK2237R
<b>Passport Number</b>	
<b>Aadhar Number</b>	827161562899
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	13-03-1987
<b>Age</b>	37
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	ANNA UNIVERSITY REGIONAL CAMPUS, TIRUNELVELI	ANNA UNIVERSITY	86	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

**IV. Academic Experience :**

**( Start from the Current working Experience ) \***

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-03-2023	13-06-2024	1	3	13
<b>Total</b>				1	3	14

**V. Industrial Experience :**

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

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


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

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




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

**Signature of the Faculty :**

A handwritten signature in blue ink, consisting of a large, stylized 'Q' followed by several loops and a final vertical stroke.

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	PHARMACEUTICAL
<b>Name of the Degree &amp; Course</b>	B.TECH.-PHARMACEUTICAL TECHNOLOGY
<b>Name of the faculty member</b>	DR. CHELLAMBOLI C
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO-10, SSJ NAGAR STREET
Line 2	SATTANATHAPURAM POST
<b>District</b>	MAYILADUTHURAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9489799295
<b>Email</b>	C.CHILAMBU@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	SC
<b>PAN Number</b>	AWTPC6401A
<b>Passport Number</b>	
<b>Aadhar Number</b>	558323092133
<b>Faculty code given by C.O.E.</b>	6208841
<b>Faculty code given by A.I.C.T.E.</b>	17488362408
<b>Date of Birth</b>	19-12-1988
<b>Age</b>	36
<b>I. Particulars of Educational Qualification : (only completed)</b>	



Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	FOOD TECHNOLOGY	2009	OTHERS - AGRICULTURE ENGINEERING COLLEGE AND RESEARCH INSTITUTE	TAMIL NADU AGRICULTURAL UNIVERSITY	7.98	FIRST CLASS	
P.G.	M.E.	OTHERS - CHEMICAL ENGINEERING	2011	COIMBATORE INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.43	FIRST CLASS	
PH.D.	PH.D.	CHEMICAL ENGINEERING	2019	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHI RAPPALLI	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHI RAPPALLI	Y		

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

OPTIMIZATION OF MICROALGAE GROWTH AND LIPID PRODUCTION FOR THE SYNTHESIS OF BIODIESEL

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

FACULTY OF TECHNOLOGY

**IV. Academic Experience :**

**( Start from the Current working Experience ) \***

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
GNANAMANI COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	31-10-2022	22-11-2023	1	0	23
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	14-12-2023	13-06-2024	0	5	31
OTHERS - MIT COLLEGE OF FOOD TECHNOLOGY	ASSISTANT PROFESSOR	01-08-2015	31-05-2019	3	9	31
<b>Total</b>				5	4	27

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
LION DATES PVT LTD	PLANT INCHARGE	PLANT INCHARGE	01-06-2011	01-08-2011	0	2	1
<b>Total</b>					0	2	1


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


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



AUR (No. of days) 2	Squad Member (No. of days) 5	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 5	Re-Evaluation (No. of scripts Evaluated) 2
---------------------------	------------------------------------	--	--	--

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

**Signature of the Faculty :**



<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-BIOMEDICAL ENGINEERING
<b>Name of the faculty member</b>	MR. SENTHIL KUMAR K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	148, KANDIGAI STREET, RAMANUJAPURAM VILLAGE
Line 2	KANCHEEPURAM
<b>District</b>	KANCHEEPURAM
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9842549258
<b>Email</b>	SENTHILKUMAR.K@RITCHENNAI.EDU.IN
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	CEYPS7106D
<b>Passport Number</b>	
<b>Aadhar Number</b>	538262264412
<b>Faculty code given by C.O.E.</b>	2117168
<b>Faculty code given by A.I.C.T.E.</b>	12978968445
<b>Date of Birth</b>	10-06-1978
<b>Age</b>	46
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2000	JAYA ENGINEERING COLLEGE	UNIVERSITY OF MADRAS	74.2	FIRST CLASS	
P.G.	M.E.	MEDICAL ELECTRONICS	2008	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	7.25	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :-</b> NO ADDITIONAL QUALIFICATION Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience :</b> <b>( Start from the Current working Experience ) *</b>								

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
ARULMIGU MEENAKSHI AMMAN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	24-11-2011	22-04-2013	1	4	29
JAYA SAKTHI ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	20-12-2023	13-06-2024	0	5	25
ARULMIGU MEENAKSHI AMMAN COLLEGE OF ENGINEERING	OTHERS - LECTURER	20-07-2002	09-08-2004	2	0	21
D M I COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	19-06-2013	28-12-2015	2	6	10
P T LEE CHENGALVARAYA NAICKER COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	10-08-2004	30-06-2008	3	10	22
PALLAVAN COLLEGE OF ENGINEERING	OTHERS - LECTURER	07-07-2000	16-07-2002	2	0	10
LORD VENKATESHWARAA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-11-2010	16-11-2011	1	0	16
P T LEE CHENGALVARAYA NAICKER COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2008	30-10-2010	2	3	30
RAJALAKSHMI INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ASSOCIATE PROFESSOR	01-02-2016	28-04-2022	6	2	28
<b>Total</b>				22	0	11

<b>V. Industrial Experience :</b>							
-----------------------------------	--	--	--	--	--	--	--


  


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



  

<b>VI. C.O.E. Appointment Experience :</b>				
<b>Capacity at which service is extended for the conduct of Exmination during the last year</b>				
<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days) 2</b>	<b>Central Evaluation (No. of scripts Evaluated) 5</b>	<b>Re-Evaluation (No. of scripts Evaluated) 2</b>

It is certified that all the information provided are true to the best of my knowledge.				
<div style="text-align: center;">  </div>				
<b>Signature of the Faculty :</b>				

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	MR. BOOPALAN J
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO 4,MARIAMMAN KOIL STREET,THANDURAI
Line 2	PATTABIRAM,CHENNAI
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9710266492
<b>Email</b>	JAGANATHANBOOPALAN@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	BWAPP4355G
<b>Passport Number</b>	
<b>Aadhar Number</b>	631738373113
<b>Faculty code given by C.O.E.</b>	1120091
<b>Faculty code given by A.I.C.T.E.</b>	13195307377
<b>Date of Birth</b>	10-07-1987
<b>Age</b>	37
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2011	JAYA SAKTHI ENGINEERING COLLEGE	ANNA UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	THERMAL ENGINEERING	2015	THIRUVALUVAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	68	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	20-06-2016	13-06-2024	7	11	24
<b>Total</b>				<b>7</b>	<b>11</b>	<b>29</b>

**V. Industrial Experience :**

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

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

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


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



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



**Signature of the Faculty :**



<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-GENERAL ENGINEERING
<b>Name of the faculty member</b>	MR. SRIDHAR B
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	5/7, KAMBAR STREET, LAKSHMI AMMAN NAGAR,
Line 2	ORAGADAM, AMBATTUR
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8825750630
<b>Email</b>	BM.RAHDIRS@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	DIPPS5765C
<b>Passport Number</b>	
<b>Aadhar Number</b>	816865071370
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	19470149743
<b>Date of Birth</b>	17-11-1987
<b>Age</b>	37
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2009	SRI VENKATESWARA INSTITUTE OF INFORMATION TECHNOLOGY AND MANAGEMENT	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2013	OTHERS - ST PETERS COLLEGE OF HIGHER EDUCATION AND RESEARCH	OTHERS - ST PETERS UNIVERSITY	7.67	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :


File :


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



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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
VELAMMAL ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	07-06-2017	30-04-2019	1	10	24
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	06-01-2021	13-06-2024	3	5	8
MAGNA COLLEGE OF ENGINEERING	OTHERS - LECTURER	05-06-2013	30-04-2014	0	10	26
<b>Total</b>				<b>6</b>	<b>2</b>	<b>0</b>

<b>V. Industrial Experience :</b>							
<b>Name of the Organisation</b>	<b>Designation</b>	<b>Nature of Work</b>	<b>Joining Date</b>	<b>Relieving Date</b>	<b>Experience</b>		
					<b>Years</b>	<b>Months</b>	<b>Days</b>
<b>VI. C.O.E. Appointment Experience :</b> <b>Capacity at which service is extended for the conduct of Exmination during the last year</b>							
<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>			
It is certified that all the information provided are true to the best of my knowledge.							
<div style="text-align: center;">  </div>							
<b>Signature of the Faculty :</b>							

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-BIOMEDICAL ENGINEERING
<b>Name of the faculty member</b>	MR. SANTHOSH PK
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	16, BARATHI STREET, WEST GANDHI NAGAR, AVADI
Line 2	CHENNAI 600 054
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9710929396
<b>Email</b>	P.K.SANTH@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	OC
<b>PAN Number</b>	BJMPS8667R
<b>Passport Number</b>	
<b>Aadhar Number</b>	834517245424
<b>Faculty code given by C.O.E.</b>	1106068
<b>Faculty code given by A.I.C.T.E.</b>	13586738370
<b>Date of Birth</b>	18-12-1978
<b>Age</b>	46
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2001	VELAMMAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	74	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2004	GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	ANNA UNIVERSITY	8.4	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :-</b> NO ADDITIONAL QUALIFICATION Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience :</b> <b>( Start from the Current working Experience ) *</b>								

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
SRI KRISHNA COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	OTHERS - LECTURER	28-06-2004	04-05-2005	0	10	7
GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	OTHERS - LECTURER	26-06-2002	21-06-2004	1	11	26
R M K ENGINEERING COLLEGE (AUTONOMOUS)	OTHERS - LECTURER	22-06-2005	31-05-2006	0	11	9
INDIRA INSTITUTE OF ENGINEERING AND TECHNOLOGY	OTHERS - ASSTPROFESSOR	20-11-2008	18-03-2020	11	3	29
JAYA SAKTHI ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	08-02-2022	13-06-2024	2	4	6
SRI KRISHNA COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	OTHERS - LECTURER	06-04-2001	06-03-2002	0	11	30
ST PETER'S COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	05-06-2006	11-03-2008	1	9	7
<b>Total</b>				20	2	28

#### V. Industrial Experience :

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

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


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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
5	3	2	5	5




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

A handwritten signature in black ink, appearing to be 'MA' with a stylized flourish underneath.

**Signature of the Faculty :**

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-MATHEMATICS
<b>Name of the faculty member</b>	MRS. U PRABA
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	7/3, THIRUVENGADAM PILLAI STREET, VIJAYALAKSHMI PURAM
Line 2	AMBATTUR
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9578997997
<b>Email</b>	PRABARITHIKA@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	CEMPP3582G
<b>Passport Number</b>	
<b>Aadhar Number</b>	403074276640
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	110985401081
<b>Date of Birth</b>	31-05-1983
<b>Age</b>	41
<b>I. Particulars of Educational Qualification : (only completed)</b>	



Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHS	2004	OTHERS - RABIAMMAL AHAMED MAIDEEN COLLEGE	BHARATHIDASAN UNIVERSITY	65	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHS	2007	OTHERS - AVVM SRI PUSHAM COLLEGE	BHARATHIDASAN UNIVERSITY	75	DISTINCT ION	
P.G.	OTHERS - M.PHIL	OTHERS - MATHS	2009	OTHERS - AVVM SRI PUSHAM COLLEGE	BHARATHIDASAN UNIVERSITY	76	DISTINCT ION	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	17-08-2011	26-08-2016	5	0	10
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-12-2018	13-06-2024	5	6	9
<b>Total</b>				10	6	22

**V. Industrial Experience :**

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


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



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

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

**Signature of the Faculty :**



<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-BIOMEDICAL ENGINEERING
<b>Name of the faculty member</b>	MRS. SUREKHA D
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	24 BASKAR NAGAR, THIRUNNARAVUR
Line 2	CHENNAI-24
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9884124449
<b>Email</b>	VIKIREKHA1977@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	EWIPS6154M
<b>Passport Number</b>	
<b>Aadhar Number</b>	673952182987
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1453461099
<b>Date of Birth</b>	08-10-1977
<b>Age</b>	47
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2004	ARULMIGU MEENAKSHI AMMAN COLLEGE OF ENGINEERING	UNIVERSITY OF MADRAS	63	SECOND CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2012	JAYA ENGINEERING COLLEGE	ANNA UNIVERSITY	7.78	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-06-2023	13-06-2024	0	11	23
INDIRA INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	18-06-2012	10-06-2023	10	11	23
<b>Total</b>				11	11	22

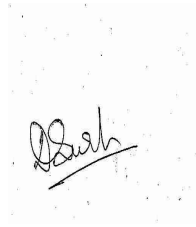
**V. Industrial Experience :**

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


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

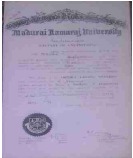
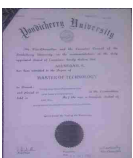
<b>AUR (No. of days)</b>	<b>Squad Member (No. of days) 7</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
----------------------------------	---	--	--	---

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



**Signature of the Faculty :**

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	MR. ARUMUGAM S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	121/48,RAMASAMIYAPURAM SECOND STREET
Line 2	THIRUNELVELI,627756
<b>District</b>	TIRUNELVELI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 6380142077
<b>Email</b>	ARUMUGAM1999@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	AJXPA3557E
<b>Passport Number</b>	
<b>Aadhar Number</b>	264355367961
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	13-05-1976
<b>Age</b>	48
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	1999	K L N COLLEGE OF ENGINEERING (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	Y	FIRST CLASS	
P.G.	M.TECH.	OTHERS - CAD	2010	OTHERS - PONDICHERRY UNIVERSITY	PONDICHERRY UNIVERSITY	Y	DISTINCTION	

\* Upload Scanned copy of Original Degree Certificate.

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	21-12-2022	13-06-2024	1	5	24
NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	19-07-2000	27-12-2001	1	5	9
SAKTHI MARIAMMAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	12-09-2006	30-10-2008	2	1	18
OASYS INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	09-07-2013	16-07-2014	1	0	8
SHANMUGANATHAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	09-07-2003	30-08-2006	3	1	22
MAHAKAVI BHARATHIYAR COLLEGE OF ENGINEERING AND TECHNOLOGY	PRINCIPAL	07-12-2011	01-06-2012	0	5	26
SELVAM COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ASSOCIATE PROFESSOR	07-02-2018	06-12-2022	4	9	28
OTHERS - GOMATHIAMBAL POLYTECHNIC COLLEGE	OTHERS - LECTURER	06-07-1999	29-06-2000	0	11	24
KONGUNADU COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSOCIATE PROFESSOR	06-06-2012	05-06-2013	0	11	30
OXFORD ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-01-2002	25-06-2003	1	5	24
VETRI VINAYAHA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSOCIATE PROFESSOR	01-08-2014	30-05-2017	2	9	30
KONGUNADU COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSOCIATE PROFESSOR	01-03-2010	30-11-2011	1	8	31
<b>Total</b>				22	7	9

<b>V. Industrial Experience :</b>							
-----------------------------------	--	--	--	--	--	--	--

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


<b>VI. C.O.E. Appointment Experience :</b>				
<b>Capacity at which service is extended for the conduct of Exmination during the last year</b>				
<b>AUR (No. of days) 1</b>	<b>Squad Member (No. of days) 2</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>


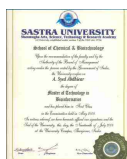


It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**

A handwritten signature in blue ink, appearing to be a stylized 'A' followed by a series of loops and a long horizontal stroke.

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	PHARMACEUTICAL
<b>Name of the Degree &amp; Course</b>	B.TECH.-PHARMACEUTICAL TECHNOLOGY
<b>Name of the faculty member</b>	MR. SYED ABDHIEAR A
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO.27A,KAMARAJAR STREET
Line 2	ALANGUDI, PUDUKKOTAI
<b>District</b>	PUDUKKOTAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9158175100
<b>Email</b>	SYEDBIOPHARMA77@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	EZKPS3872Q
<b>Passport Number</b>	
<b>Aadhar Number</b>	240600865336
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	26-10-1980
<b>Age</b>	44
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	PHARMACEUTICAL TECHNOLOGY	2005	OTHERS - BHARATHI DASAN UNIVERSITY	BHARATHI DASAN UNIVERSITY	6.7	SECOND CLASS	
P.G.	M.TECH.	OTHERS - BIOINFORMATICS	2008	OTHERS - SASTRA UNIVERSITY	OTHERS - SASTRA UNIVERSITY	8.6	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

**IV. Academic Experience :**

**( Start from the Current working Experience ) \***

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-05-2022	13-06-2024	2	1	12
<b>Total</b>				2	1	12

**V. Industrial Experience :**

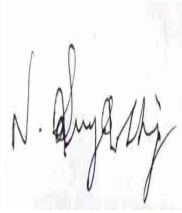
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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

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

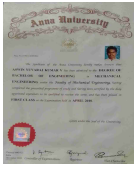
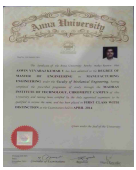
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
-------------------	----------------------------	--	---	--

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



**Signature of the Faculty :**

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-GENERAL ENGINEERING
<b>Name of the faculty member</b>	MR. ASWIN YUVARAJ KUMAR V
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	N0-181,F.C.I COLONY,JANAKIRAMAN NAGAR
Line 2	SEVVAPET, CHENNAI - 602025
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9500816972
<b>Email</b>	ASWINV.MEC@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AQQPV4676H
<b>Passport Number</b>	
<b>Aadhar Number</b>	352978580397
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	19594781348
<b>Date of Birth</b>	28-12-1988
<b>Age</b>	36
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2010	SRI VENKATESWARA COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2014	MADRAS INSTITUTE OF TECHNOLOGY CHROMPET	ANNA UNIVERSITY	8.5	DISTINCTION	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	11-08-2021	13-06-2024	2	10	3
INDIRA INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-06-2014	30-05-2016	1	11	28
<b>Total</b>				4	10	6

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
CADD CENTRE	CADD ENGINEER	CADD DESIGN	09-06-2010	30-03-2011	0	9	21
<b>Total</b>					0	9	24

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


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

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



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



**Signature of the Faculty :**

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	MR. VIGNESH S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO 8,MAGILAMPOO STREET,KAMARAJ NAGAR
Line 2	AVADI
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 7708981326
<b>Email</b>	SANVICKY2K@YAHOO.CO.IN
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	ALZPV4626K
<b>Passport Number</b>	
<b>Aadhar Number</b>	828499796228
<b>Faculty code given by C.O.E.</b>	1120037
<b>Faculty code given by A.I.C.T.E.</b>	1454573861
<b>Date of Birth</b>	29-09-1981
<b>Age</b>	43
<b>I. Particulars of Educational Qualification : (only completed)</b>	



Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2004	THANGAVELU ENGINEERING COLLEGE	OTHERS - MADRAS UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2007	SRI VENKATESWARA COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	66	SECOND CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	06-08-2010	13-06-2024	13	10	8
<b>Total</b>				13	10	13

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
ENGINEERING AUTOMATIONS	DESIGN ENGINEER	DESIGN	05-07-2006	22-04-2009	2	9	18
A N INDUSTRIAL HEATERS	PRODUCTION INCHARGE	TYPES OF HEATERS	04-05-2009	12-10-2009	0	5	9
<b>Total</b>					3	2	27

**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) 3	Squad Member (No. of days) 1	External Examiner (Practical) (No. of days) 5	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
---------------------------	------------------------------------	--	---	--

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

**Signature of the Faculty :**



<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-GENERAL ENGINEERING
<b>Name of the faculty member</b>	MR. MUTHURAJ S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO-22 B B SAKTHI SQUARE BUILDING, SAKTHI STREET, DEVI NAGAR
Line 2	ANNANUR, CHENNAI-109
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9750672729
<b>Email</b>	MUTHURAJSUBBIAH90@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	CQZPM1841G
<b>Passport Number</b>	
<b>Aadhar Number</b>	407876488908
<b>Faculty code given by C.O.E.</b>	1120090
<b>Faculty code given by A.I.C.T.E.</b>	12374179773
<b>Date of Birth</b>	08-04-1990
<b>Age</b>	34
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2011	JAYA SAKTHI ENGINEERING COLLEGE	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2014	JAYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.1	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

**IV. Academic Experience :**

**( Start from the Current working Experience ) \***

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	17-01-2022	13-06-2024	2	4	28
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-08-2014	28-04-2018	3	8	25
<b>Total</b>				6	1	24

**V. Industrial Experience :**

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
ZEN ONLINE	SERVICE ENGINEER	INSTALLATION AND COMMISSION	01-11-2011	20-09-2012	0	10	20
<b>Total</b>					0	10	24


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



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

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



**Signature of the Faculty :**

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	DR. DILIP SINGH J
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	30,2ND KAILASAPURAM STREET,NAZARETH
Line 2	TUTICORIN DIST-628617
<b>District</b>	THOOTHUKUDI
<b>Telephone number</b>	04639 - 279444
<b>Mobile number</b>	+91 - 9578668484
<b>Email</b>	DILIP1991SINGH@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BKBPD8484K
<b>Passport Number</b>	
<b>Aadhar Number</b>	938466928120
<b>Faculty code given by C.O.E.</b>	3108240
<b>Faculty code given by A.I.C.T.E.</b>	3004543883
<b>Date of Birth</b>	28-03-1991
<b>Age</b>	33
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2012	JEPPIAAR ENGINEERING COLLEGE	ANNA UNIVERSITY	6.5	FIRST CLASS	
P.G.	M.E.	MECHATRONICS ENGINEERING	2014	JEPPIAAR ENGINEERING COLLEGE	ANNA UNIVERSITY	8.5	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JEPPIAAR ENGINEERING COLLEGE	ASSISTANT PROFESSOR	29-06-2015	09-01-2023	7	6	11
CHENNAI INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	16-06-2014	19-06-2015	1	0	4
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-02-2023	13-06-2024	1	4	13
<b>Total</b>				<b>9</b>	<b>10</b>	<b>3</b>

**V. Industrial Experience :**

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

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


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



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

**Signature of the Faculty :**





<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-GENERAL ENGINEERING
<b>Name of the faculty member</b>	MS. LAVANYA S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO.54, ASHOK NAGAR I,GANDHI NAGAR POST
Line 2	NEYVELI-607308
<b>District</b>	CUDDALORE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9698812579
<b>Email</b>	SLAVANYACHITRA@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	ATDPL4276F
<b>Passport Number</b>	
<b>Aadhar Number</b>	622724776485
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	17513785277
<b>Date of Birth</b>	02-12-1993
<b>Age</b>	31
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRIC AL AND ELECTRONICS ENGINEERING	2015	ARUNAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.2	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2017	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	8.0	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-12-2021	13-06-2024	2	6	13
ANNAI TERESA COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-08-2017	28-06-2019	1	10	28
INDIRA INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2019	19-03-2020	0	8	19
<b>Total</b>				5	2	2

**V. Industrial Experience :**


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


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

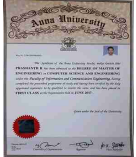
<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
----------------------------------	---	--	--	---

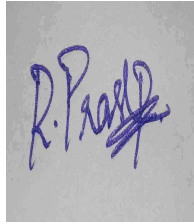
It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**







<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MR. PRASHANTH R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	155,KAMBAR ST, KANDIGAI
Line 2	AVADI,600054
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9696454541
<b>Email</b>	PRASHANTHCSE@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	SC
<b>PAN Number</b>	DPAPP3672H
<b>Passport Number</b>	H9137977
<b>Aadhar Number</b>	559775871407
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	06-04-1988
<b>Age</b>	35
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2010	ADHI COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	75	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :-</b> NO ADDITIONAL QUALIFICATION Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
Name of the College		Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience			
					Years	Months	Days	
JAYA SAKTHI ENGINEERING COLLEGE		ASSISTANT PROFESSOR	30-08-2022	08-04-2023	0	7	10	
<b>Total</b>					0	7	13	
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience			
					Years	Months	Days	
<b>VI. C.O.E. Appointment Experience :</b> <b>Capacity at which service is extended for the conduct of Examination during the last year</b>								
AUR (No. of days) 2	Squad Member (No. of days) 4	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)		Re-Evaluation (No. of scripts Evaluated)			
It is certified that all the information provided are true to the best of my knowledge.								

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

**Signature of the Faculty :**

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-MATHEMATICS
<b>Name of the faculty member</b>	MRS. SUMATHI J
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO 30,GANDHI STREET
Line 2	SATHYAVEDU ROAD, UTHUKOTTAI
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9445643003
<b>Email</b>	SUMATHIRITHI12@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	ELDPS0656C
<b>Passport Number</b>	
<b>Aadhar Number</b>	566534205202
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	7431651180
<b>Date of Birth</b>	29-05-1985
<b>Age</b>	39
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHS	2005	OTHERS - SESHACHALA DEGREE COLLEGE PUDUR	OTHERS - SV UNIVERSITY THIRUPPA THI	68	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHS	2007	OTHERS - AUXILIUM COLLEGE	THIRUVALUVAR UNIVERSITY	54	SECOND CLASS	
P.G.	OTHERS - MPHIL	OTHERS - MATHS	2009	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	74	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / <b>Current Date for Presently Working Institutions</b>	Experience		
				Years	Months	Days
S A ENGINEERING COLLEGE (AUTONOMOUS)	OTHERS - LECTURER	17-06-2011	28-05-2012	0	11	12
A C T COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	09-04-2010	16-06-2011	1	2	8
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	06-08-2018	13-06-2024	5	10	8
<b>Total</b>				7	11	4

**V. Industrial Experience :**




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

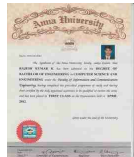

**VI. C.O.E. Appointment Experience :**  
**Capacity at which service is extended for the conduct of Exmination during the last year**

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

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

**Signature of the Faculty :**

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MR. RAJESH KUMAR K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	KOIL STREET
Line 2	GUMMDIPOONDI
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9500844547
<b>Email</b>	RAJESHKUMAR.JSEC@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BLEPR2107K
<b>Passport Number</b>	
<b>Aadhar Number</b>	911762939630
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	
<b>Date of Birth</b>	11-05-1990
<b>Age</b>	34
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2012	JAYA ENGINEERING COLLEGE	ANNA UNIVERSITY	74	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2018	OTHERS - SATHIYABAMA UNIVERSITY	OTHERS - SATHIYABAMA UNIVERSITY	90	DISTINCTION	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

**IV. Academic Experience :**

**( Start from the Current working Experience ) \***

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
SRI JAYARAM INSTITUTE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	15-06-2014	02-03-2018	3	8	18
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2022	13-03-2024	1	8	13
SRI JAYARAM INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2018	15-06-2022	4	0	15
<b>Total</b>				9	5	19

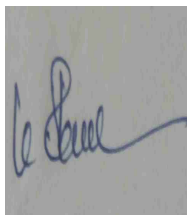
**V. Industrial Experience :**


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

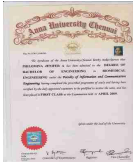
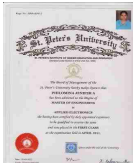
**VI. C.O.E. Appointment Experience :****Capacity at which service is extended for the conduct of Exmination during the last year**

<b>AUR (No. of days) 4</b>	<b>Squad Member (No. of days) 2</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
--	---	--	--	---

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

**Signature of the Faculty :**

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-BIOMEDICAL ENGINEERING
<b>Name of the faculty member</b>	MRS. PHILOMINA JENIFER A
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO 7 FIRST CROSS ST VALLUVAR NAGAR
Line 2	MINJUR-601203
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9941343033
<b>Email</b>	JENNFIRMIN@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	CNNPP6246F
<b>Passport Number</b>	
<b>Aadhar Number</b>	884181599257
<b>Faculty code given by C.O.E.</b>	1120153
<b>Faculty code given by A.I.C.T.E.</b>	2660024645
<b>Date of Birth</b>	01-10-1987
<b>Age</b>	37
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	BIOMEDICAL ENGINEERING	2009	RAJIV GANDHI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2011	OTHERS - ST PETERS COLLEGE OF ARTS AND SCIENCE	OTHERS - ST PETERS UNIVERSITY	72	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

NIL

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

**IV. Academic Experience :**

**( Start from the Current working Experience ) \***

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
SAMS COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	20-06-2012	10-12-2013	1	5	21
SRI RAM ENGINEERING COLLEGE	OTHERS - LECT	10-05-2011	15-05-2012	1	0	6
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	07-09-2022	13-06-2024	1	9	7
SRI JAYARAM INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	06-05-2015	30-04-2022	6	11	26
<b>Total</b>				11	3	2

**V. Industrial Experience :**


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


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

AUR (No. of days) 5	Squad Member (No. of days) 6	External Examiner (Practical) (No. of days) 5	Central Evaluation (No. of scripts Evaluated) 2	Re-Evaluation (No. of scripts Evaluated) 5
---------------------------	------------------------------------	--	--	---


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

**Signature of the Faculty :**

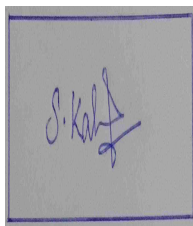


<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-MATHEMATICS
<b>Name of the faculty member</b>	DR. KARUPPAIYA R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	1364,TNEB HOUSING BOARD
Line 2	ALAMATHI,AVADI-600041
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9789958412
<b>Email</b>	KARUPAIYAMATHS@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	SC
<b>PAN Number</b>	BCQPK5805D
<b>Passport Number</b>	K0000003
<b>Aadhar Number</b>	645981364458
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	01-06-1990
<b>Age</b>	34
<b>I. Particulars of Educational Qualification : (only completed)</b>	




Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
PH.D.	PH.D.	MATHEMATICS	2023	ANNAMALAI UNIVERSITY	OTHERS - ANNAMALAI UNIVERSITY	Y		
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION</b> Score : File :								
<b>II. Title of Ph.D. Thesis</b>					RETRIEVABILITY IN INTERVAL NEUROSCOPIC AUTOMATA			
<b>III. Faculty in which Ph.D. was awarded</b>					FACULTY OF SCIENCE AND HUMANITIES			
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience				
				Years	Months	Days		
OTHERS - C KANDASAMY NAIDU COLLEGE FOR MEN	ASSISTANT PROFESSOR	26-05-2022	23-02-2023	0	8	29		
OTHERS - NATURAL ACADEMY INSTITUTE	ASSISTANT PROFESSOR	23-12-2015	18-05-2022	6	4	27		
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-03-2023	13-06-2024	1	3	13		
<b>Total</b>				8	5	11		
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience			
					Years	Months	Days	
<b>VI. C.O.E. Appointment Experience :</b>								
<b>Capacity at which service is extended for the conduct of Exmination during the last year</b>								
AUR (No. of days) 2	Squad Member (No. of days) 5	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)				

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

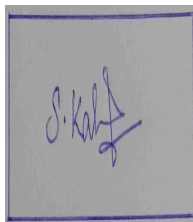
A square box containing a handwritten signature in blue ink. The signature appears to be 'S. K. S.' with a stylized flourish at the end.

**Signature of the Faculty :**



<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
<b>Name of the faculty member</b>	MRS. SATHYAVATHY P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	152,KAVERI ST,MOOLAKADAI
Line 2	PERAMBUR,600023.
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9698474749
<b>Email</b>	SATHYAVATHYCSE@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	CHRRPS0703E
<b>Passport Number</b>	J0000000
<b>Aadhar Number</b>	950516806324
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	16-12-1986
<b>Age</b>	38
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE ENGINEERING	2011	OTHERS - DR MGR UNIVERSITY	OTHERS - DR MGR UNIVERSITY	86	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :-</b> NO ADDITIONAL QUALIFICATION Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience				
				Years	Months	Days		
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-03-2023	13-06-2024	1	3	13		
<b>Total</b>				1	3	14		
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience			
					Years	Months	Days	
<b>VI. C.O.E. Appointment Experience :</b> Capacity at which service is extended for the conduct of Exmination during the last year								
AUR (No. of days) 2	Squad Member (No. of days) 1	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)				
It is certified that all the information provided are true to the best of my knowledge.								

**Signature of the Faculty :**

A square box containing a handwritten signature in blue ink. The signature appears to be 'S. K. S.' followed by a stylized flourish.

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	PHARMACEUTICAL
<b>Name of the Degree &amp; Course</b>	B.TECH.-PHARMACEUTICAL TECHNOLOGY
<b>Name of the faculty member</b>	MRS. SAHITHA PARVEEN M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO 2/60 , VEERAVANUR
Line 2	RAMANATHAPURAM
<b>District</b>	RAMANATHAPURAM
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8754009619
<b>Email</b>	SAHITHAMOHAIDEEN@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	FUCPS0376G
<b>Passport Number</b>	
<b>Aadhar Number</b>	248305759594
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	111336972272
<b>Date of Birth</b>	22-09-1978
<b>Age</b>	46
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	OTHERS - CHEMICAL ENGINEERING	2004	MOHAMED SATHAK ENGINEERING COLLEGE	MADURAI KAMARAJ UNIVERSITY	60	SECOND CLASS	
P.G.	M.TECH.	CHEMICAL ENGINEERING	2020	MOHAMED SATHAK ENGINEERING COLLEGE	ANNA UNIVERSITY	70	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / <b>Current Date for Presently Working Institutions</b>	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	16-02-2022	13-06-2024	2	3	26
<b>Total</b>				2	3	27

**V. Industrial Experience :**

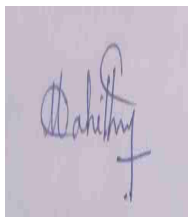
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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


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


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

**Signature of the Faculty :**

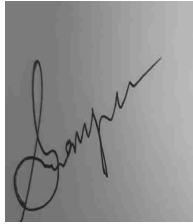
A handwritten signature in blue ink, appearing to read 'Dahity', is positioned within a rectangular box. The signature is written in a cursive style with a prominent initial 'D'.





<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
<b>Name of the faculty member</b>	MRS. SANDHIYA RAJESHWARI K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	76,AMBAL NAGAR
Line 2	THIRUNINRAVUR,602024
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 6888411125
<b>Email</b>	SANDHIYARAJ87@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	OC
<b>PAN Number</b>	ERDPK0859P
<b>Passport Number</b>	
<b>Aadhar Number</b>	845233065358
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	06-10-1994
<b>Age</b>	30
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2016	ADHI COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	73	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :-</b> NO ADDITIONAL QUALIFICATION Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
Name of the College		Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience			
					Years	Months	Days	
JAYA SAKTHI ENGINEERING COLLEGE		ASSISTANT PROFESSOR	14-05-2024	12-06-2024	0	0	30	
<b>Total</b>					0	0	0	
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience			
					Years	Months	Days	
<b>VI. C.O.E. Appointment Experience :</b> <b>Capacity at which service is extended for the conduct of Examination during the last year</b>								
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 2		Re-Evaluation (No. of scripts Evaluated)			
It is certified that all the information provided are true to the best of my knowledge.								

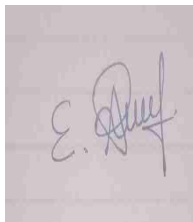
**Signature of the Faculty :**


A handwritten signature in black ink, appearing to read 'Sanyal', is positioned to the right of the text 'Signature of the Faculty :'. The signature is written in a cursive style.


<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-BIOMEDICAL ENGINEERING
<b>Name of the faculty member</b>	MR. ALWIN RICHARD E
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	10,JAYA PRAKASH NAGAR
Line 2	AVADI,600054
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9685741256
<b>Email</b>	ALWIN672006@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	OC
<b>PAN Number</b>	OYIPK4900F
<b>Passport Number</b>	
<b>Aadhar Number</b>	981439374770
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	15-12-1998
<b>Age</b>	26
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.E.	COMMUNICATION AND NETWORKING	2021	G R T INSTITUTE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	86	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :-</b> NO ADDITIONAL QUALIFICATION Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
Name of the College		Designation	Joining Date	Relieving Date / <b>Current Date for Presently Working Institutions</b>	Experience			
					Years	Months	Days	
JAYA SAKTHI ENGINEERING COLLEGE		ASSISTANT PROFESSOR	01-06-2024	12-06-2024	0	0	12	
<b>Total</b>					0	0	12	
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience			
					Years	Months	Days	
<b>VI. C.O.E. Appointment Experience :</b> <b>Capacity at which service is extended for the conduct of Exmination during the last year</b>								
<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>		<b>Re-Evaluation (No. of scripts Evaluated)</b>			
It is certified that all the information provided are true to the best of my knowledge.								

**Signature of the Faculty :**

A handwritten signature in blue ink, appearing to read "E. Ruff", is placed within a rectangular box. The signature is written in a cursive style with a large, looped 'R'.


<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MR. THOMAS R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	124/202 MTH ROAD PADI
Line 2	CHENNAI,600050
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8760616133
<b>Email</b>	JSETHOMAS2023@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	AWCPT3052D
<b>Passport Number</b>	
<b>Aadhar Number</b>	740054212649
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	26-08-1982
<b>Age</b>	42
<b>I. Particulars of Educational Qualification : (only completed)</b>	



Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	ARIGNAR ANNA INSTITUTE OF SCIENCE AND TECHNOLOGY	ANNA UNIVERSITY	Y	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :-</b> NO ADDITIONAL QUALIFICATION Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
Name of the College		Designation	Joining Date	Relieving Date / <b>Current Date for Presently Working Institutions</b>	Experience			
					Years	Months	Days	
JAYA SAKTHI ENGINEERING COLLEGE		ASSISTANT PROFESSOR	26-07-2023	13-06-2024	0	10	19	
<b>Total</b>					0	10	24	
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience			
					Years	Months	Days	
<b>VI. C.O.E. Appointment Experience :</b> <b>Capacity at which service is extended for the conduct of Examination during the last year</b>								
<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>		<b>Re-Evaluation (No. of scripts Evaluated)</b>			
It is certified that all the information provided are true to the best of my knowledge.								



A handwritten signature in blue ink, appearing to read "R. Thomas", is positioned in the upper left corner of a rectangular box.

**Signature of the Faculty :**

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MRS. DHANLAKSHMI N
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO.4/2H PK HATS,GR NAGAR
Line 2	RAMAPURAM,CHENNAI-89
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9445707556
<b>Email</b>	LAKSHMI_ND@YAHOO.CO.IN
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	CJXPD6194E
<b>Passport Number</b>	
<b>Aadhar Number</b>	863262971429
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	13-06-1976
<b>Age</b>	48
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	1998	ST PETER'S COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	Y	SECOND CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - SRM UNIVERSITY	OTHERS - SRM UNIVERSITY	Y	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	25-03-2024	13-06-2024	0	2	20
<b>Total</b>				0	2	21

**V. Industrial Experience :**

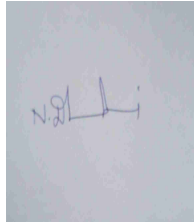
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


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

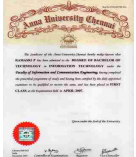
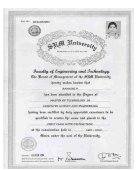
<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
----------------------------------	---	--	--	---

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

**Signature of the Faculty :**



<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MRS. RAMASRI P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	2/11 ,KALINGARAYAN 2ND STREET
Line 2	OLD WASHERMENPT,CHENNAI-21
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9841182325
<b>Email</b>	RAMASRI.BEC@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BABPP9877J
<b>Passport Number</b>	
<b>Aadhar Number</b>	535914175630
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	10-03-1986
<b>Age</b>	38
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2007	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	Y	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - SRM UNIVERSITY	OTHERS - SRM UNIVERSITY	Y	DISTINCTION	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	13-03-2024	13-06-2024	0	3	1
Total				0	3	2

**V. Industrial Experience :**

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

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


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

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


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

**Signature of the Faculty :**

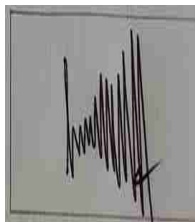
A handwritten signature in blue ink, appearing to be 'D. P.', is positioned to the right of the text 'Signature of the Faculty :'. The signature is written in a cursive style with a vertical line extending downwards from the end.

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	PHARMACEUTICAL
<b>Name of the Degree &amp; Course</b>	B.TECH.-PHARMACEUTICAL TECHNOLOGY
<b>Name of the faculty member</b>	MS. SANDIYA V
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	1H,SOUUTH JAGANTHAR ST
Line 2	VILLIVAKKAM-600049
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8072388189
<b>Email</b>	SANDIYAVADIVEL79@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	OC
<b>PAN Number</b>	LEUPS8053N
<b>Passport Number</b>	
<b>Aadhar Number</b>	718088753006
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	09-06-2000
<b>Age</b>	24
<b>I. Particulars of Educational Qualification : (only completed)</b>	




Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.TECH.	OTHERS - FOOD BIOTECH	2023	OTHERS - DR MGR UNIV	OTHERS - DR MGR UNIV	82	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION</b> Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
Name of the College		Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions		Experience		
						Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE		ASSISTANT PROFESSOR	03-06-2024	13-06-2024		0	0	11
<b>Total</b>						0	0	11
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date		Experience		
						Years	Months	Days
<b>VI. C.O.E. Appointment Experience :</b>								
Capacity at which service is extended for the conduct of Exmination during the last year								
AUR (No. of days) 2	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 2		Re-Evaluation (No. of scripts Evaluated)			
It is certified that all the information provided are true to the best of my knowledge.								

**Signature of the Faculty :**

A handwritten signature in black ink, appearing to be 'W. S. S.', is written on a white background.

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MRS. REVATHI S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	KALAIVANAR COLONY ANNA NAGAR WEST
Line 2	CHENNAI ,600101
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8610258487
<b>Email</b>	S.REVATHI1411@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BBSPR4940L
<b>Passport Number</b>	
<b>Aadhar Number</b>	285625040754
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	14-11-1982
<b>Age</b>	42
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	ARIGNAR ANNA INSTITUTE OF SCIENCE AND TECHNOLOGY	ANNA UNIVERSITY	Y	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / <b>Current Date for Presently Working Institutions</b>	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	14-02-2024	13-06-2024	0	3	29
<b>Total</b>				0	3	0

**V. Industrial Experience :**

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

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


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


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

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

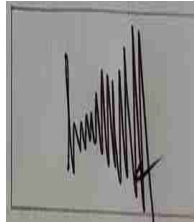


**Signature of the Faculty :**


<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
<b>Name of the faculty member</b>	MS. SUMATHI M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	10,POTT STREET
Line 2	THIRUNINRAVUR,602024
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9685523654
<b>Email</b>	SUMATHI65@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	GTUPS8562L
<b>Passport Number</b>	
<b>Aadhar Number</b>	772309448351
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	03-06-1993
<b>Age</b>	31
<b>I. Particulars of Educational Qualification : (only completed)</b>	

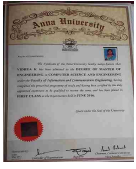
Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2016	JAYA ENGINEERING COLLEGE	ANNA UNIVERSITY	87	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :-</b> NO ADDITIONAL QUALIFICATION Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
Name of the College		Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience			
					Years	Months	Days	
JAYA SAKTHI ENGINEERING COLLEGE		ASSISTANT PROFESSOR	20-05-2024	13-06-2024	0	0	25	
<b>Total</b>					0	0	25	
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience			
					Years	Months	Days	
<b>VI. C.O.E. Appointment Experience :</b> <b>Capacity at which service is extended for the conduct of Examination during the last year</b>								
AUR (No. of days) 2	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)		Re-Evaluation (No. of scripts Evaluated)			
It is certified that all the information provided are true to the best of my knowledge.								

**Signature of the Faculty :**

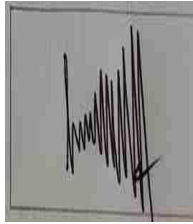
A handwritten signature in black ink, appearing to be 'W. S. S.', written on a light-colored background.





<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING (CYBER SECURITY)
<b>Name of the faculty member</b>	MS. VIDHYA K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	18,JOTHI ST
Line 2	KOLATHUR,CHENNAI99
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9888767775
<b>Email</b>	VIDHYA9@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	OC
<b>PAN Number</b>	APFPV7328Q
<b>Passport Number</b>	
<b>Aadhar Number</b>	208131616294
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	25-05-1990
<b>Age</b>	34
<b>I. Particulars of Educational Qualification : (only completed)</b>	


Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2016	ADHIPAR ASAKTHI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	87	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :-</b> NO ADDITIONAL QUALIFICATION Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience :</b> <b>( Start from the Current working Experience ) *</b>								
Name of the College		Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience			
					Years	Months	Days	
JAYA SAKTHI ENGINEERING COLLEGE		ASSISTANT PROFESSOR	03-06-2024	13-06-2024	0	0	11	
<b>Total</b>					0	0	11	
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience			
					Years	Months	Days	
<b>VI. C.O.E. Appointment Experience :</b> <b>Capacity at which service is extended for the conduct of Exmination during the last year</b>								
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)				
It is certified that all the information provided are true to the best of my knowledge.								

**Signature of the Faculty :**


A handwritten signature in black ink, appearing to be 'W. S. S.', is written on a white background.


<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	PHARMACEUTICAL
<b>Name of the Degree &amp; Course</b>	B.TECH.-PHARMACEUTICAL TECHNOLOGY
<b>Name of the faculty member</b>	MRS. RADHIKA K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	14 WATER TANK STREET
Line 2	GUDUVANCHERRY CHENNAI-603202
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8056164151
<b>Email</b>	RADHIKAKRISHNAN129@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	OC
<b>PAN Number</b>	JYXPK2088C
<b>Passport Number</b>	
<b>Aadhar Number</b>	824626402735
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	01-12-1999
<b>Age</b>	25
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.TECH.	BIOTECHNOLOGY	2023	B.S. ABDUR RAHMAN CRESCENT INSTITUTE OF SCIENCE AND TECHNOLOGY	ANNA UNIVERSITY	87	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION</b> Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
Name of the College		Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience			
					Years	Months	Days	
JAYA SAKTHI ENGINEERING COLLEGE		ASSISTANT PROFESSOR	15-03-2024	13-06-2024	0	2	30	
<b>Total</b>					0	2	1	
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience			
					Years	Months	Days	
<b>VI. C.O.E. Appointment Experience :</b>								
<b>Capacity at which service is extended for the conduct of Examination during the last year</b>								
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)				
It is certified that all the information provided are true to the best of my knowledge.								

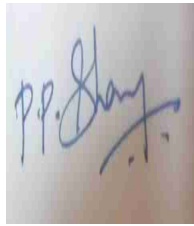
A small, square image showing a handwritten signature in blue ink. The signature is stylized and appears to be 'P. M. K.' with a horizontal line underneath.

**Signature of the Faculty :**


<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	OTHERS - TAMIL
<b>Name of the Degree &amp; Course</b>	S&H-ENGLISH
<b>Name of the faculty member</b>	MRS. SHAINY P P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	203
Line 2	MALAYADAI,629153
<b>District</b>	KANYAKUMARI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9985523241
<b>Email</b>	HITMIN.V@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	JMQPS6445N
<b>Passport Number</b>	
<b>Aadhar Number</b>	425546200798
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	25-07-1982
<b>Age</b>	42
<b>I. Particulars of Educational Qualification : (only completed)</b>	

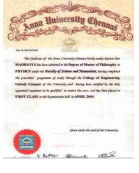
Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	OTHERS - MPHIL	OTHERS - TAMIL	2006	OTHERS - MS UNIV	OTHERS - MS UNIV	87	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION</b> Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
Name of the College		Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience			
					Years	Months	Days	
JAYA SAKTHI ENGINEERING COLLEGE		ASSISTANT PROFESSOR	06-05-2024	13-06-2024	0	1	8	
<b>Total</b>					0	1	8	
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience			
					Years	Months	Days	
<b>VI. C.O.E. Appointment Experience :</b> <b>Capacity at which service is extended for the conduct of Exmination during the last year</b>								
AUR (No. of days) 2	Squad Member (No. of days) 2	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)		Re-Evaluation (No. of scripts Evaluated)			
It is certified that all the information provided are true to the best of my knowledge.								



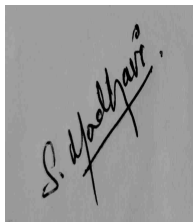
A handwritten signature in blue ink, appearing to read "P.P. Singh", is positioned within a rectangular box. The signature is written in a cursive style with a prominent horizontal stroke at the end.


**Signature of the Faculty :**


<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-PHYSICS
<b>Name of the faculty member</b>	MRS. MADHAVI S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO 32 PERIYAR ST
Line 2	PATTABIRAM CHENNAI, 600072
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9940069690
<b>Email</b>	MADHAVIN9@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	OC
<b>PAN Number</b>	BJZPM9336L
<b>Passport Number</b>	
<b>Aadhar Number</b>	508313447823
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	28-02-1984
<b>Age</b>	40
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	OTHERS - MPHIL	OTHERS - PHYSICS	2009	ADITHYA INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	89	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :-</b> NO ADDITIONAL QUALIFICATION Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience				
				Years	Months	Days		
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-08-2023	13-06-2024	0	10	13		
<b>Total</b>				0	10	18		
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience			
					Years	Months	Days	
<b>VI. C.O.E. Appointment Experience :</b> <b>Capacity at which service is extended for the conduct of Examination during the last year</b>								
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)				
It is certified that all the information provided are true to the best of my knowledge.								

**Signature of the Faculty :**

A handwritten signature in black ink on a grey rectangular background. The signature appears to be 'S. Dholbhai' with a stylized flourish at the end.

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-BIOMEDICAL ENGINEERING
<b>Name of the faculty member</b>	MS. SUJITHA RAJAKUMARI S D
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	42,EDEN NAGAR,IKKADU
Line 2	THIRUVALLUR,602021
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9566392312
<b>Email</b>	SD.SUJITHA.ECE@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	OC
<b>PAN Number</b>	EBJPS6083K
<b>Passport Number</b>	
<b>Aadhar Number</b>	336146996504
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	05-05-1991
<b>Age</b>	33
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.E.	COMMUNICATION SYSTEMS	2014	PRATHYU SHA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.71	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-06-2024	13-06-2024	0	0	9
Total				0	0	9

**V. Industrial Experience :**

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

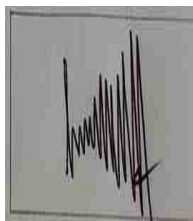
**VI. C.O.E. Appointment Experience :**


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

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



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

**Signature of the Faculty :**

A handwritten signature in black ink, appearing to be 'W. S. S.', is written on a white background.

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	MR. KAMALARAJ KANNAN E
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	17, PILLAYAR KOIL ST
Line 2	PATTBIRAM 600072
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8608004673
<b>Email</b>	KAMALARAJ@CITCHENNAI.NET
<b>Gender</b>	MALE
<b>Community</b>	SC
<b>PAN Number</b>	CHRPK0368P
<b>Passport Number</b>	
<b>Aadhar Number</b>	615784408073
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	3414493821
<b>Date of Birth</b>	18-08-1986
<b>Age</b>	38
<b>I. Particulars of Educational Qualification : (only completed)</b>	



Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2012	OTHERS - ST PETERS	OTHERS - ST PETERS UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2014	CHENNAI INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	6.8	SECOND CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CHENNAI INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	30-12-2014	31-12-2015	1	0	2
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	09-11-2022	13-06-2024	1	7	5
CHENNAI INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	07-02-2017	15-02-2022	5	0	9
JEPPIAAR ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-01-2016	30-12-2016	0	11	27
<b>Total</b>				<b>8</b>	<b>7</b>	<b>17</b>

**V. Industrial Experience :**

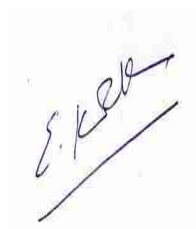
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


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



<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days) 5</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
----------------------------------	---	--	--	---

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

**Signature of the Faculty :**



<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING (CYBER SECURITY)
<b>Name of the faculty member</b>	MR. RAKESH KANNAN N
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	VALAIYAPATHI NAGAR
Line 2	CHENNAI,600052
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 7338862208
<b>Email</b>	RAKESHKANNAN1980@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	CBNPR5664M
<b>Passport Number</b>	
<b>Aadhar Number</b>	999289327993
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	12-08-1980
<b>Age</b>	44
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2004	OTHERS - MADRAS UNIVERSITY	UNIVERSITY OF MADRAS	Y	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	INDIRA INSTITUTE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	Y	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

**IV. Academic Experience :**

**( Start from the Current working Experience ) \***

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-02-2024	15-02-2024	0	0	15
<b>Total</b>				0	0	15

**V. Industrial Experience :**

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

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


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


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

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

**Signature of the Faculty :**

A handwritten signature in black ink, appearing to be a stylized 'P' or 'R' followed by a flourish.

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-BIOMEDICAL ENGINEERING
<b>Name of the faculty member</b>	MS. SURIYA E
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	162, BY PASS ROAD
Line 2	THIRUVANNAMALAI,606601.
<b>District</b>	TIRUVANNAMALAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9751612069
<b>Email</b>	ESURIYAECE@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	JOSPS2216M
<b>Passport Number</b>	
<b>Aadhar Number</b>	565345349494
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	03-07-1989
<b>Age</b>	35
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.E.	APPLIED ELECTRONICS	2015	ST PETER'S COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	Y	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / <b>Current Date for Presently Working Institutions</b>	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-02-2024	13-06-2024	0	4	13
<b>Total</b>				0	4	15

**V. Industrial Experience :**

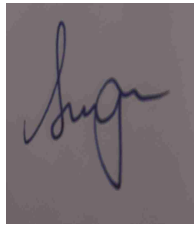
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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

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


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


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

A square box containing a handwritten signature in dark ink. The signature is stylized and appears to be a cursive name.

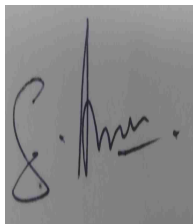
**Signature of the Faculty :**





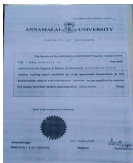

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	PHARMACEUTICAL
<b>Name of the Degree &amp; Course</b>	B.TECH.-PHARMACEUTICAL TECHNOLOGY
<b>Name of the faculty member</b>	MR. ARIVARASAN S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO 14 B, 2ND CROSS STREET,
Line 2	AVADI,600071
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9100283953
<b>Email</b>	ARIVARASAN25@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	BOBPA2570M
<b>Passport Number</b>	
<b>Aadhar Number</b>	265624544905
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	21-10-1994
<b>Age</b>	30
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.TECH.	OTHERS - MEDICAL BIOTECHNOLOGY	2018	OTHERS - IIT HYDREBAD	OTHERS - IIT HYDREBAD	85	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION</b> Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
Name of the College		Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience			
					Years	Months	Days	
JAYA SAKTHI ENGINEERING COLLEGE		ASSISTANT PROFESSOR	07-03-2024	13-06-2024	0	3	7	
<b>Total</b>					0	3	8	
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience			
					Years	Months	Days	
<b>VI. C.O.E. Appointment Experience :</b> <b>Capacity at which service is extended for the conduct of Examination during the last year</b>								
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 2	Re-Evaluation (No. of scripts Evaluated) 2				
It is certified that all the information provided are true to the best of my knowledge.								

**Signature of the Faculty :**

A handwritten signature in black ink, appearing to be 'S. Mani', is written on a light-colored background.

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-MATHEMATICS
<b>Name of the faculty member</b>	MS. LEELAVATHI S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO.2, BASHYAM STREET, SREE DEVI VAISHNAVI NAGAR,
Line 2	AVADI, CHENNAI 600109
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8667208441
<b>Email</b>	BAJJISEKAR6@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	AOHPL1474N
<b>Passport Number</b>	
<b>Aadhar Number</b>	703055248360
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	19470328194
<b>Date of Birth</b>	06-04-1981
<b>Age</b>	43
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	2001	OTHERS - VALLIAMMAL COLLEGE FOR WOMEN	UNIVERSITY OF MADRAS	68	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2004	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	59	SECOND CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2010	OTHERS - SRI VENKATESWARA UNIVERSITY	OTHERS - SRI VENKATESWARA UNIVERSITY	51	SECOND CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-12-2018	13-06-2024	5	6	11
Total				5	6	14

**V. Industrial Experience :**

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

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



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

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

**Signature of the Faculty :**



<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-BIOMEDICAL ENGINEERING
<b>Name of the faculty member</b>	MS. DEBORAH ROSELINE P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO.169,K.K.ROAD,6TH LANE,VENKATAPURAM,AMBATTUR
Line 2	CHENNAI-600053
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	044 - 26572591
<b>Mobile number</b>	+91 - 8608032700
<b>Email</b>	DEBORAHROSELINE@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	CCDPD9301E
<b>Passport Number</b>	
<b>Aadhar Number</b>	512847171521
<b>Faculty code given by C.O.E.</b>	1104093
<b>Faculty code given by A.I.C.T.E.</b>	3357581443
<b>Date of Birth</b>	02-06-1992
<b>Age</b>	32
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2013	JEPPIAAR MAAMALLAN ENGINEERING COLLEGE	ANNA UNIVERSITY	7.46	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2015	ST PETER'S COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.9	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
BHAJARANG ENGINEERING COLLEGE	ASSISTANT PROFESSOR	17-12-2016	30-12-2021	5	0	14
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	13-10-2022	13-06-2024	1	8	1
Total				6	8	19

**V. Industrial Experience :**

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

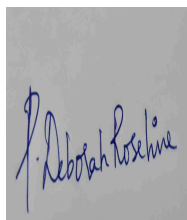
**VI. C.O.E. Appointment Experience :**

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


AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
5	2	2	5	2




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

A handwritten signature in blue ink that reads "Deborah Roseline". The signature is written in a cursive style with a large initial 'D'.


**Signature of the Faculty :**


<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
<b>Name of the faculty member</b>	MRS. SINDHUJA J
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO.12 SOMU STREET
Line 2	RAINIPET,632401
<b>District</b>	RANIPET
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8300581077
<b>Email</b>	SINDHUDARUN9489@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	SC
<b>PAN Number</b>	FTPPS1558Q
<b>Passport Number</b>	
<b>Aadhar Number</b>	488970134576
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	08-05-1995
<b>Age</b>	29
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.TECH.	COMPUTER SCIENCE AND ENGINEERING (5 YEAR INTEGRATED)	2017	OTHERS - VIT	OTHERS - VIT	Y	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :-</b> NO ADDITIONAL QUALIFICATION Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
Name of the College	Designation	Joining Date	Relieving Date / <b>Current Date for Presently Working Institutions</b>	Experience				
				Years	Months	Days		
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	19-09-2023	10-02-2024	0	4	22		
<b>Total</b>				0	4	24		
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience			
					Years	Months	Days	
<b>VI. C.O.E. Appointment Experience :</b> <b>Capacity at which service is extended for the conduct of Examination during the last year</b>								
<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>				
It is certified that all the information provided are true to the best of my knowledge.								

A handwritten signature in black ink, appearing to read 'T. S. Arora', is centered within a light gray rectangular box.

**Signature of the Faculty :**

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	PHARMACEUTICAL
<b>Name of the Degree &amp; Course</b>	B.TECH.-PHARMACEUTICAL TECHNOLOGY
<b>Name of the faculty member</b>	MRS. VASUNTHRA S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	10, JAYANTHI NAGAR
Line 2	KOLATHUR,600099
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9968874522
<b>Email</b>	VASUNTHRA56@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	OJIPS6453J
<b>Passport Number</b>	
<b>Aadhar Number</b>	369799527389
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	25-11-1999
<b>Age</b>	25
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.TECH.	BIOTECHNOLOGY	2023	B.S. ABDUR RAHMAN CRESCENT INSTITUTE OF SCIENCE AND TECHNOLOGY	OTHERS - CRESCENT	83	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-03-2024	13-06-2024	0	3	13
Total				0	3	14

**V. Industrial Experience :**

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

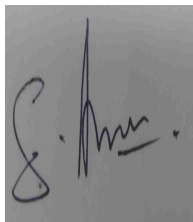
**VI. C.O.E. Appointment Experience :**


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

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

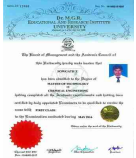
It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**

A handwritten signature in black ink, appearing to be 'S. Mani', is written on a light-colored background.


<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	PHARMACEUTICAL
<b>Name of the Degree &amp; Course</b>	B.TECH.-PHARMACEUTICAL TECHNOLOGY
<b>Name of the faculty member</b>	MR. SOWGATH Z
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO.2/261 KAMARAJ NAGAR
Line 2	REDHILLS,600052
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8838525991
<b>Email</b>	SOWGATH78@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	GUMPS2507G
<b>Passport Number</b>	
<b>Aadhar Number</b>	339787463695
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	28-05-1992
<b>Age</b>	32
<b>I. Particulars of Educational Qualification : (only completed)</b>	






Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.TECH.	CHEMICAL ENGINEERING	2016	OTHERS - DRMGR UNIVERSITY	OTHERS - DRMGR UNIVERSITY	Y	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION</b> Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
Name of the College		Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience			
					Years	Months	Days	
JAYA SAKTHI ENGINEERING COLLEGE		ASSISTANT PROFESSOR	02-01-2024	13-06-2024	0	5	12	
<b>Total</b>					0	5	14	
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience			
					Years	Months	Days	
<b>VI. C.O.E. Appointment Experience :</b> <b>Capacity at which service is extended for the conduct of Exmination during the last year</b>								
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)		Re-Evaluation (No. of scripts Evaluated)			
It is certified that all the information provided are true to the best of my knowledge.								

**Signature of the Faculty :**

A handwritten signature in black ink, appearing to be 'S. S. S.', is written on a light blue background.

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-MATHEMATICS
<b>Name of the faculty member</b>	MR. SANTHANAM S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO.82, ARIMUTHU MOTTUR, AMMUNDI POST,
Line 2	VELLORE - 632519
<b>District</b>	VELLORE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9840897884
<b>Email</b>	SANTHANAMSAMBASIVA@GMAIL.COMM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	DFIPS4555A
<b>Passport Number</b>	
<b>Aadhar Number</b>	452835527490
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	3634021704
<b>Date of Birth</b>	30-04-1978
<b>Age</b>	46
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	1999	OTHERS - VOORHEES COLLEGE	UNIVERSITY OF MADRAS	66.36	FIRST CLASS	
P.G.	OTHERS - MPHIL	OTHERS - MATHEMATICS	2002	OTHERS - RKM VIVEKANANDA COLLEGE	UNIVERSITY OF MADRAS	60	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2001	OTHERS - SACRED HEART COLLEGE	UNIVERSITY OF MADRAS	71	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-12-2017	13-06-2024	6	6	10
Total				6	6	13

**V. Industrial Experience :**

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


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


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



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

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

**Signature of the Faculty :**

A handwritten signature in blue ink, appearing to read "S. Sathya", is positioned within a rectangular box. The signature is written in a cursive style.

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-GENERAL ENGINEERING
<b>Name of the faculty member</b>	MR. SUNDARAMOORTHY S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	5/1092,B3 LUMINARIES ENCLAVE,GIRI NAGAR.MAIN ROAD
Line 2	RAMAPURAM,CHENNAI 89
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9629117177
<b>Email</b>	SSMTVM6@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	GFLPS5477B
<b>Passport Number</b>	
<b>Aadhar Number</b>	653646357299
<b>Faculty code given by C.O.E.</b>	1120118
<b>Faculty code given by A.I.C.T.E.</b>	9323435586
<b>Date of Birth</b>	15-10-1985
<b>Age</b>	39
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2009	VEL TECH HIGH TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	66	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2012	EASWARI ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	74	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-04-2013	13-06-2024	11	2	4
Total				11	2	5

**V. Industrial Experience :**

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

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


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


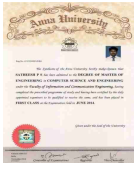
It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**





<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MR. SATHEESH P S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO 38 SAIBABA NAGAR
Line 2	CHITOOR ROAD, THIRUTHANI
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9500621420
<b>Email</b>	SATHEESHPS23@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	DRZPS7691E
<b>Passport Number</b>	
<b>Aadhar Number</b>	619506043517
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	4667116247
<b>Date of Birth</b>	23-10-1989
<b>Age</b>	35
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2011	PALLAVAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	SRI SAI RAM ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	75	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-11-2014	13-06-2024	9	7	9
<b>Total</b>				9	7	12

**V. Industrial Experience :**

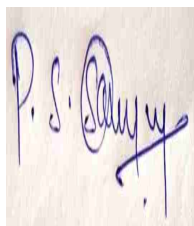
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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


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



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

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

A handwritten signature in blue ink on a light-colored background. The signature appears to be 'P. S. Sanyal' with a stylized flourish at the end.

**Signature of the Faculty :**

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-BIOMEDICAL ENGINEERING
<b>Name of the faculty member</b>	MR. ANNAMALAI P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	5,PIRIYA NAGAR ANEX,THIRU NAGAR,87 VEPPAMPATTU
Line 2	THIRUVALLUR-602024
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9841177520
<b>Email</b>	ANNAMALAI567@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BABPP9895G
<b>Passport Number</b>	
<b>Aadhar Number</b>	931199473101
<b>Faculty code given by C.O.E.</b>	1104030
<b>Faculty code given by A.I.C.T.E.</b>	1478989005
<b>Date of Birth</b>	05-06-1977
<b>Age</b>	47
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	1998	OTHERS - DR MGR ENGG COLLEGE	OTHERS - MADRAS UNIVERSITY	63.5	SECOND CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2009	OTHERS - SATHYABAMA UNIVERSITY	OTHERS - SATHYABAMA UNIVERSITY	82.75	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	22-08-2022	13-06-2024	1	9	23
BHAJARANG ENGINEERING COLLEGE	ASSISTANT PROFESSOR	20-06-2007	10-01-2020	12	6	21
SRI VENKATESWARA COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	09-06-2002	03-06-2007	4	11	25
<b>Total</b>				19	4	12


**V. Industrial Experience :**


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
K LITE INDUSTRIES	PRODUCT	PRODUCTION	18-06-1998	27-02-2002	3	8	10
<b>Total</b>					3	8	13


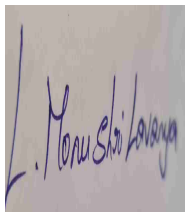
**VI. C.O.E. Appointment Experience :**  
**Capacity at which service is extended for the conduct of Exmination during the last year**

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
10	10	2	5	2


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




**Signature of the Faculty :** 

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-ENGLISH
<b>Name of the faculty member</b>	MRS. MONUSHRI LAVANYA A
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	152,JAYARAM NAGAR
Line 2	PATTABIRAM,CH-52
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9789010527
<b>Email</b>	MONUSHRILAVANYA0211@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	CHAPM2725H
<b>Passport Number</b>	
<b>Aadhar Number</b>	731465765611
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	02-11-1991
<b>Age</b>	33
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	OTHERS - MPHIL	OTHERS - ENGLISH	2014	OTHERS - PACHAYAPAS ARTS AND SCIENCE COLLEGE	UNIVERSITY OF MADRAS	75	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION</b> Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
Name of the College		Designation		Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
						Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE		ASSISTANT PROFESSOR		13-07-2018	13-06-2024	5	11	1
<b>Total</b>						5	11	6
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience			
					Years	Months	Days	
<b>VI. C.O.E. Appointment Experience :</b> <b>Capacity at which service is extended for the conduct of Exmination during the last year</b>								
AUR (No. of days) 2	Squad Member (No. of days) 1	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)				
It is certified that all the information provided are true to the best of my knowledge.								
Signature of the Faculty : 								



<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MRS. NEELAVATHI P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	PLOT NO.29 SRI VAISHNAVI NAGAR RAJAJIPURAM
Line 2	TIRUVALLUR 602001
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8940194011
<b>Email</b>	NEELASPN@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BABPP9891C
<b>Passport Number</b>	
<b>Aadhar Number</b>	999489113065
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1479070185
<b>Date of Birth</b>	27-12-1978
<b>Age</b>	46
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - COMPUTER SCIENCE	2000	OTHERS - VIVEKANANDA COLLEGE OF ARTS AND SCIENCE	UNIVERSITY OF MADRAS	75	FIRST CLASS	
P.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2008	JAYA ENGINEERING COLLEGE	ANNA UNIVERSITY	76	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2005	OTHERS - ALAGAPPA UNIVERSITY	ALAGAPPA UNIVERSITY	73	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

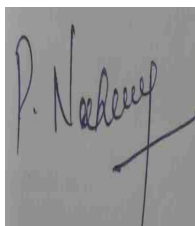
File :


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


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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
BHAJARANG ENGINEERING COLLEGE	ASSISTANT PROFESSOR	26-02-2018	10-01-2020	1	10	13
BHAJARANG ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-06-2008	02-07-2016	8	1	1
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-02-2024	13-06-2024	0	4	12
<b>Total</b>				10	3	28


<b>V. Industrial Experience :</b>							
<b>Name of the Organisation</b>	<b>Designation</b>	<b>Nature of Work</b>	<b>Joining Date</b>	<b>Relieving Date</b>	<b>Experience</b>		
					<b>Years</b>	<b>Months</b>	<b>Days</b>
<b>VI. C.O.E. Appointment Experience :</b> <b>Capacity at which service is extended for the conduct of Exmination during the last year</b>							
<b>AUR (No. of days) 5</b>	<b>Squad Member (No. of days) 1</b>	<b>External Examiner (Practical) (No. of days) 2</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>		<b>Re-Evaluation (No. of scripts Evaluated)</b>		
It is certified that all the information provided are true to the best of my knowledge.							
<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <b>Signature of the Faculty :</b> </div> <div style="flex: 1;">  </div> </div>							

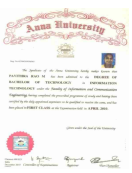

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-MATHEMATICS
<b>Name of the faculty member</b>	MRS. SUPPRAPHA A
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	15/72,ANNA NAGAR
Line 2	PATTABIRAM-72
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8862441256
<b>Email</b>	SUPPRAPHAMATHS@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	FOSPS6002D
<b>Passport Number</b>	
<b>Aadhar Number</b>	840935060185
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	03-04-1984
<b>Age</b>	40
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	OTHERS - MPHIL	OTHERS - MATHS	2010	OTHERS - ARTS COLLEGE	UNIVERSITY OF MADRAS	85	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION</b> Score : File :								
<b>II. Title of Ph.D. Thesis</b>								
<b>III. Faculty in which Ph.D. was awarded</b>								
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
Name of the College		Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience			
					Years	Months	Days	
JAYA SAKTHI ENGINEERING COLLEGE		ASSISTANT PROFESSOR	05-12-2018	17-02-2024	5	2	13	
<b>Total</b>					5	2	14	
<b>V. Industrial Experience :</b>								
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience			
					Years	Months	Days	
<b>VI. C.O.E. Appointment Experience :</b> Capacity at which service is extended for the conduct of Exmination during the last year								
AUR (No. of days) 2	Squad Member (No. of days) 4	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)				
It is certified that all the information provided are true to the best of my knowledge.								

A handwritten signature in blue ink, consisting of a stylized 'M' followed by a long, sweeping horizontal line.

**Signature of the Faculty :**

<b>Name of the College</b>	1120 - JAYA SAKTHI ENGINEERING COLLEGE
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-COMPUTER SCIENCE AND ENGINEERING
<b>Name of the faculty member</b>	MRS. PAVITHRA RAO M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	35, LAKSHMI STREET,T M VOYAL SALAI
Line 2	KOILPATHAGAI, AVADI
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9962928142
<b>Email</b>	MPAVIRAO@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	BYAPP8637D
<b>Passport Number</b>	
<b>Aadhar Number</b>	858096940823
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	4667244454
<b>Date of Birth</b>	26-04-1989
<b>Age</b>	34
<b>I. Particulars of Educational Qualification : (only completed)</b>	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2010	SRI KRISHNA ENGINEERING COLLEGE	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2012	OTHERS - SATHYABAMA UNIVERSITY	OTHERS - SATHYABAMA UNIVERSITY	77	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

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

Score :

File :

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

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

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JAYA SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-08-2012	08-04-2023	10	8	8
<b>Total</b>				10	8	12

**V. Industrial Experience :**

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

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

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

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

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



A handwritten signature in blue ink, appearing to read 'Litha P. M.', is positioned within a rectangular box.

**Signature of the Faculty :**

