


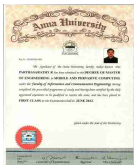
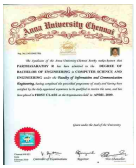


Anna University, Chennai
Vel Tech Multi Tech Dr Rangarajan Dr Sakunthala Engineering College - 1131

13. Faculty

Name of the College	1131 - VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E. - COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. PARTHASARATHY R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 317, 6TH ST, MASILAMANISWARAR NAGAR
Line 2	THIRUMULLAIVOYAL, CHENNAI, 600062
District	TIRUVALLUR
Telephone number	-
Mobile number	+91 - 7418253465
Email	PARTHA_VIMAL@YAHOO.COM
Gender	MALE
Community	BC
PAN Number	CIVPP3562K
Passport Number	
Aadhar Number	667337383945
Faculty code given by C.O.E.	1131416
Faculty code given by A.I.C.T.E.	3356177702
Date of Birth	11-06-1988
Age	31

I. Particulars of Educational Qualification : (only completed)

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.E.	MOBILE AND PERVASIVE COMPUTING	2012	VELAMMAL ENGINEERING COLLEGE	ANNA UNIVERSITY	7.67	FIRST CLASS	
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2009	OTHERS - SRINIVASA INSTITUTE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	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
MADHA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	26-07-2012	12-10-2016	4	2	18
VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-01-2017	14-02-2019	2	1	12
Total				6	3	1

V. Industrial Experience :

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

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

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

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



Signature of the Faculty :