




Name of the College	1131 - VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E. - CIVIL ENGINEERING
Name of the faculty member	MR. KARTHIKRAJA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 228 VENUGOPAL NAGAR OPP TO TSP B3 VERAPURAM
Line 2	AVADI CHENNAI-600 062
District	TIRUVALLUR
Telephone number	-
Mobile number	+91 - 9715352698
Email	KARTHIKRAJA@VELTECHMULTITECH.ORG
Gender	MALE
Community	MBC
PAN Number	DTPPK3078D
Passport Number	
Aadhar Number	211718127161
Faculty code given by C.O.E.	1131290
Faculty code given by A.I.C.T.E.	2496616912
Date of Birth	23-09-1990
Age	29
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2012	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	ANNA UNIVERSITY	8.00	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2014	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	ANNA UNIVERSITY	8.24	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
VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	08-12-2014	10-01-2019	4	1	3
Total				4	1	3

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of 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)
		1	150	50

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 "S. Pathak", is written on a light blue rectangular background.

Signature of the Faculty :