





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

13. Faculty

Name of the College	1131 - VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. JOHNPAUL S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 42/2, THIRUVENKADAM NAGAR, 10TH CROSS STREET, THIRUNINRAVOOR
Line 2	602024
District	TIRUVALLUR
Telephone number	-
Mobile number	+91 - 9790255032
Email	JOHNPAUL@VELTECHMULTITECH.ORG
Gender	MALE
Community	BC
PAN Number	AKQPJ2683J
Passport Number	
Aadhar Number	950849688269
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	2280611258
Date of Birth	04-05-1984
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.E.	VLSI DESIGN	2014	SRI VENKATESWARA INSTITUTE OF SCIENCE AND TECHNOLOGY	ANNA UNIVERSITY	77	FIRST CLASS	
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2004	DR NAVALAR NEDUNCH EZHIYAN COLLEGE OF ENGINEERING	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
VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	27-07-2020	30-03-2023	2	8	4
SRI VENKATESWARA INSTITUTE OF SCIENCE AND TECHNOLOGY	ASSISTANT PROFESSOR	16-06-2014	08-01-2021	6	6	23
Total				9	2	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)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

