





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. PRABU R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 4 SHANTHI NAGAR EXTN 2ND STREET SM NAGAR PO
Line 2	AVADI, CHENNAI-62
District	TIRUVALLUR
Telephone number	-
Mobile number	+91 - 9840790988
Email	RPRABHU@VELTECHMULTITECH.ORG
Gender	MALE
Community	BC
PAN Number	AQBPP7882L
Passport Number	
Aadhar Number	860663367854
Faculty code given by C.O.E.	1131023
Faculty code given by A.I.C.T.E.	405573979
Date of Birth	01-05-1983
Age	39
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.TECH.	INFORMATION TECHNOLOGY	2008	OTHERS - SATHYABAMA UNIVERSITY	OTHERS - SATHYABAMA UNIVERSITY	74	FIRST CLASS	
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2008	P G P COLLEGE OF ENGINEERING AND TECHNOLOGY	PERIYAR UNIVERSITY	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
VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)	OTHERS - LECTURER	10-06-2005	31-05-2006	0	11	22
VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	02-06-2008	30-03-2023	14	9	29
Total				15	9	20

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) 7	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 :