




<b>Name of the College</b>	1131 - VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	B.E.-GENERAL ENGINEERING
<b>Name of the faculty member</b>	MR. PANDIARAJ V
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	213 A KUMARAN 2ND STREET, RAJAPALAYAM
Line 2	VIRUDHUNAGAR-626117
<b>District</b>	VIRUDHUNAGAR
<b>Telephone number</b>	04563 - 231014
<b>Mobile number</b>	+91 - 9578315747
<b>Email</b>	PANDI.RAJ11@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	SC
<b>PAN Number</b>	DFPPP7268E
<b>Passport Number</b>	
<b>Aadhar Number</b>	395160069550
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	7370490932
<b>Date of Birth</b>	15-05-1989
<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	2013	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	8.57	DISTINCTION	
P.G.	M.E.	THERMAL ENGINEERING	2015	R V S COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.98	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
M I E T ENGINEERING COLLEGE	ASSISTANT PROFESSOR	11-07-2016	24-03-2020	3	8	14
CMS COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	06-07-2015	27-05-2016	0	10	22
VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	02-02-2022	11-06-2022	0	4	10
<b>Total</b>				4	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)</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>
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**

