




Electrical and Electronics Engineering

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	287320
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. IYYAPPAN SA
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	11, VENKATESHPURAM
Line 2	PERAMBALUR-621212
District	PERAMBALUR
Telephone number	-
Mobile number	+91 - 9942337856
Email	SAIYYAPPAN1978@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	ABIP13349H
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-7416184671
Date of Birth	30-06-1978
Age	46
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	1999	DR.NAVALAR NEDUNCH EZHIYAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	58	SECOND CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2008	RAJAS INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	76	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
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	02-05-2013	20-01-2025	11	8	19
Total				11	8	23

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)
	2	8	100	5

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

A handwritten signature in blue ink, appearing to be 'S. A. Singh', is written over a light gray rectangular background.

Signature of the Faculty :

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	287729
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	DR. SARAVANAN S
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	86 THIRUVALLUVAR NAGAR 4TH STREET,
Line 2	KUMBAKONAM
District	THANJAVUR
Telephone number	-
Mobile number	+91 - 9659409001
Email	MAIL2SARAVANAN.SP@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ETDPS3545A
Passport Number	
Faculty code given by C.O.E.	8158124
Faculty code given by A.I.C.T.E.	1-43371381114
Date of Birth	07-06-1977
Age	47
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	1999	OTHERS - SHANMUGA COLLEGE OF ENGINEERING	BHARATHI DASAN UNIVERSITY	59	SECOND CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2012	OTHERS - PERIYAR MANIAMMAI INSTITUTE OF SCIENCE AND TECHNOLOGY	OTHERS - PERIYAR MANIAMMAI UNIVERSITY	88	DISTINCTION	
PH.D.	PH.D.	ELECTRICAL AND ELECTRONICS ENGINEERING	2021	OTHERS - SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY	OTHERS - SATHYABAMA UNIVERSITY	75		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

ADVANCED TECHNIQUES BASED MAXIMUM POWER POINT TRACKING ON SOLAR PV APPLICATIONS

III. Faculty in which Ph.D. was awarded

FACULTY OF ELECTRICAL ENGINEERING

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
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	PROFESSOR	30-01-2024	20-01-2025	0	11	22
Total				0	11	27

V. Industrial Experience :

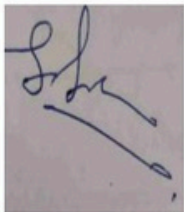
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


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 :



Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	294586
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. POORANI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	11 VANNARA STREET
Line 2	TITTAGUDI
District	CUDDALORE
Telephone number	-
Mobile number	+91 - 9791415264
Email	POORANIVPC@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DEZPP3914J
Passport Number	
Faculty code given by C.O.E.	8158108
Faculty code given by A.I.C.T.E.	1-43441935042
Date of Birth	23-05-1986
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
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2008	SAVEETHA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2013	M.A.M. SCHOOL OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	71.25	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
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	13-10-2021	20-01-2025	3	3	8
Total				3	3	9

V. Industrial Experience :

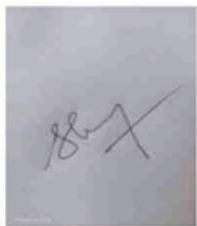
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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

A handwritten signature in black ink, appearing to be 'S. X.', is written on a light-colored background.

Signature of the Faculty :

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	284843
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MRS. USHA V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	243 BC STREET THONDAPADI ALLINAGARAM
Line 2	PERAMBALUR 621713
District	PERAMBALUR
Telephone number	-
Mobile number	+91 - 9159772932
Email	VUSHHA@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	AFHPU9827K
Passport Number	
Faculty code given by C.O.E.	8158032
Faculty code given by A.I.C.T.E.	1-4726605083
Date of Birth	12-06-1991
Age	33
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2012	OTHERS - PERIYAR MANIAMMAI UNIVERSITY	PERIYAR UNIVERSITY	80	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2014	M.A.M. SCHOOL OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	82	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
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	16-06-2015	21-02-2018	2	8	6
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	14-12-2020	20-01-2025	4	1	7
Total				6	9	17

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 :



Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	269086
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. PARKAVI G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/166, POONGANAGAR, VARAGUR
Line 2	KUNNAM TK
District	PERAMBALUR
Telephone number	-
Mobile number	+91 - 6381635421
Email	PARKAVI8158EEE@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	CLUPP2384P
Passport Number	
Faculty code given by C.O.E.	8158098
Faculty code given by A.I.C.T.E.	1-10574398691
Date of Birth	11-07-1994
Age	30
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2016	DHANALAKSHMI SRINIVASAN ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	64	SECOND CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2019	MAM COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	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
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	22-06-2021	20-01-2025	3	6	29
Total				3	6	2

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

G. Parkari

Signature of the Faculty :

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	273017
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. CHITRA B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.3/48A,SOUTH STREET,SUTHAMALLI POST,UDAYARPALAYAM TALUK
Line 2	621804
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9176115286
Email	B.P.CHITRA@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	AUSPC9568R
Passport Number	Y7687748
Faculty code given by C.O.E.	8158110
Faculty code given by A.I.C.T.E.	1-43365182385
Date of Birth	09-01-1992
Age	32
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2013	JEPPIAAR ENGINEERING COLLEGE	ANNA UNIVERSITY	75.9	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2016	SARANATHAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	83.8	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
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	20-02-2023	20-01-2025	1	11	1
Total				1	11	6

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
MURUGAN TRADERS SINGAPORE	ELECTRICAL ENGINEER	MAINTANANCE	20-11-2019	27-11-2020	1	0	8
Total					1	0	8


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 :



Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	276249
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. DURGA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	37 MARUTHI NAGAR,GANDHI NAGAR POST
Line 2	KURINJIPADI TK
District	CUDDALORE
Telephone number	-
Mobile number	+91 - 9487528297
Email	DURGAA.P.S@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BXLPD6463K
Passport Number	
Faculty code given by C.O.E.	8156142
Faculty code given by A.I.C.T.E.	1-11303338058
Date of Birth	21-09-1997
Age	27
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2019	JEPPIAAR SRR ENGINEERING COLLEGE	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2021	MAHABARATHI ENGINEERING COLLEGE	ANNA UNIVERSITY	88	FIRST CLASS	

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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
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	02-09-2024	20-01-2025	0	4	19
Total				0	4	21

V. Industrial Experience :

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

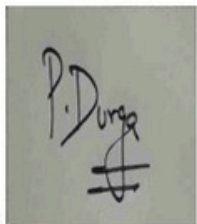
VI. C.O.E. Appointment Experience :


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

Signature of the Faculty :

A handwritten signature in black ink on a light-colored background. The signature appears to be 'P. Durga' with a stylized flourish at the end.

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	279949
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. SUGANTHIYA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	23.4 ANNAI ILLAM TELEPHONE NAGAR TITTAGUDI
Line 2	606106
District	CUDDALORE
Telephone number	-
Mobile number	+91 - 9994195464
Email	SUGANTHIYABALACHANDAR@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	EJEPS6152Q
Passport Number	
Faculty code given by C.O.E.	8106141
Faculty code given by A.I.C.T.E.	1-44718516824
Date of Birth	03-09-1985
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
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2006	DHANALAKS HMI SRINIVASAN ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	76	FIRST CLASS	
P.G.	M.TECH.	OTHERS - POWER ELECTRONICS AND DRIVES	2015	OTHERS - SRM UNIVERSITY	OTHERS - SRM UNIVERSITY KATTANKULATHUR	85	DISTINCTION	

* 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
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	20-02-2024	20-01-2025	0	11	1
DR.NAVALAR NEDUNCHEZHIAN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	15-06-2009	28-04-2017	7	10	14
Total				8	9	20

V. Industrial Experience :

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

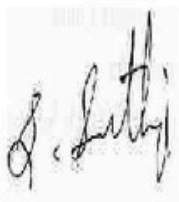
VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of 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) 3500	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 :



Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	285064
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. CHACKRAVARTHY M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/12 EAST STREET
Line 2	AMARASUR LALKUDI TK
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9843536983
Email	CHACKRAVARTHYM@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ANKPC4330Q
Passport Number	
Faculty code given by C.O.E.	8156039
Faculty code given by A.I.C.T.E.	1-44721926591
Date of Birth	26-05-1968
Age	56
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.	ELECTRIC AL AND ELECTRONICS ENGINEERING	1996	OTHERS - REGIONAL ENGINEERING COLLEGE	BHARATHI DASAN UNIVERSITY	60	SECOND CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2013	M A M COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.8	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
ARIYALUR ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	29-06-2015	05-08-2024	9	1	7
ELIZABETH COLLEGE OF ENGINEERING TECHNOLOGY	ASSOCIATE PROFESSOR	24-07-2013	23-06-2014	0	10	31
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	16-08-2024	20-01-2025	0	5	5
Total				10	5	16


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	5	200	1000	

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

Signature of the Faculty :

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	268525
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. RAJASEKAR G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/38,KEEZHA STREET,T SOLANKURICHI
Line 2	UDAIYARPALAYAM-621804
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9952273414
Email	SEKAR035@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	DUNPR6341K
Passport Number	
Faculty code given by C.O.E.	4223027
Faculty code given by A.I.C.T.E.	1-43882523432
Date of Birth	20-09-1986
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
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2007	DHANALAKSHMI SRINIVASAN ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	63	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2011	SOLAMALAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	68	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
THIRUVALLUVAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	19-08-2011	17-08-2023	11	11	30
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	18-08-2023	20-01-2025	1	5	3
Total				13	5	6

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)
15	20	150	8000	500

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



Signature of the Faculty :