Science and Humanities

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	280174
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MR. SELLADURAI C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	208, SOUTH ST, T.KUDIKADU, THATHANUR PO, UDAYARPALAYAM TK, ARIYALUR DT
Line 2	621804
District	ARIYALUR
Telephone number	j.
Mobile number	+91 - 9941772513
Email	DURAI.PHY81@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	HHHPS7900E
Passport Number	
Faculty code given by C.O.E.	8158114
Faculty code given by A.I.C.T.E.	1-43735056540
Date of Birth	03-07-1981
Age	43
I. Particulars of Educational Qualification : (on	ly completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - PHYSICS	2003	OTHERS - GOVT ARTS COLLEGE ARIYALUR	BHARATH IDASAN UNIVERSI TY	59	SECOND CLASS	The second secon
P.G.	M.SC.	OTHERS - PHYSICS	2005	NEHRU INSTITUT E OF TECHNOL OGY (AUTONO MOUS)	BHARATH IDASAN UNIVERSI TY	67	FIRST CLASS	The second secon
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - PHYSICS	2006	OTHERS - GOVT ARTS COLLEGE KUMBAK ONAM	BHARATH IDASAN UNIVERSI TY	72	FIRST CLASS	Separate Sep

^{*} Upload Scanned copy of Original Degree Certificate.

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 Callege	Designation	Joining Date	Relieving Date / Current Date	Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	ears Months	
OTHERS - MODERN ARTS SCIENCE COLLEGE	ASSISTANT PROFESSOR	26-06-2006	19-04-2007	0	9	24
K K C COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	19-04-2009	06-06-2014	5	1	18
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	14-07-2023	21-01-2025	1	6	8
			Total	7	5	23

V		Inc	lus	tria	al i	$\mathbf{E}\mathbf{x}$	per	iei	nce	:
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Name of the Organisation	ne Designation	Nature of Loi	Loinin	na Data	Delicaing Date	Experience		
Organisatio	on Designation	Work	Joinn	ng Date	Relieving Date	Years	Months	Days
	ppointment Exper which service is e		e conduc	ct of Exm	ination during th	e last y	ear	
AUR (No. of days)	Squad Member (No. of days)	External Exa (Practica (No. of da	al)	(No.	of scripts aluated) 500	(No.	Evaluation of scripts aluated)	
is certified	that all the informa	ation provided a	re true to	the best	of my knowledge.			
		٨						
		Velindinai						

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	291186
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MR. SELVARAJ G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	PATTA STREET, KARAIKURUCHI
Line 2	ARIYALUR-612904
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9750590489
Email	SELVARASUMSC@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	EEGPS8206N
Passport Number	
Faculty code given by C.O.E.	8158043
Faculty code given by A.I.C.T.E.	1-44721290557
Date of Birth	10-03-1980
Age	44
I. Particulars of Educational Qualification :	(only completed)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - PHYSICS	2002	OTHERS - GOVERN MENT ARTS COLLEGE	BHARATH IDASAN UNIVERSI TY	63	FIRST CLASS	Selection And to exclude the selection of the selection o
P.G.	M.SC.	OTHERS - PHYSICS	2012	OTHERS - SK SS ARTS COLLEGE	BHARATH IDASAN UNIVERSI TY	61	FIRST CLASS	The second secon
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - PHYSICS	2022	OTHERS - PRIST UNIVERSI TY	OTHERS - PERIST UNIVERSI TY	81	FIRST CLASS	Section 1 and 1 an

^{*} Upload Scanned copy of Original Degree Certificate.

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 Callege	Designation	Joining Date	Relieving Date / Current Date	Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	07-07-2023	21-01-2025	1	6	15
	•	•	Total	1	6	18

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

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)
certified	that all the informa	ation provided are true to	the best of my knowledge.	
0010000	ond die one morni	anon provided dre state to	and need of any amountedge.	

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	286893
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MRS. RAVANAN P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	279D,KARUVELKADU,ARINGAL PO
Line 2	KILAPALUR-621707
District	ARIYALUR
Telephone number	
Mobile number	+91 - 9843602290
Email	RAVANANCHEM@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CEHPR4708B
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2312768974
Date of Birth	02-10-1971
Age	53
I. Particulars of Educational Qualification	: (only completed)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	OTHERS - CHEMIST RY	OTHERS - CHEMIST RY	1995	OTHERS - RAJASARO POCHI ARTS COLLEGE	BHARATHI DASAN UNIVERSI TY	59	SECOND CLASS	Entered Advantages Entere
P.G.	OTHERS - CHEMIST RY	OTHERS - CHEMIST RY	1997	OTHERS - KADHAL MOHITHE N	BHARATHI DASAN UNIVERSI TY	65	FIRST CLASS	patient or entanger patient o
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - CHEMIST RY	2000	OTHERS - PUNTI PUSHAM ARTS COLLEGE	BHARATHI DASAN UNIVERSI TY	65	FIRST CLASS	general annuage of the second

^{*} Upload Scanned copy of Original Degree Certificate.

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			Relieving Date / Current Date	Experience		
Name of the Conege			for Presently Working Institutions	Years	Months	Days
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	08-08-2024 21-01-2025		0	5	14
ARIYALUR ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-06-2013	05-08-2024	11	2	1
OTHERS - DONPOSK ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-09-2009	06-03-2013	3	6	6
	•		Total	15	1	22

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	E	xperience	e
Organisation	Designation	Nature of Work	Joining Date		Years	Months	Days

VI. C.O.H	. Appointment	Experience:
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Capacity at which service is extended for the conduct of Exmination during the last year

AUR Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 300	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.

P. France

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	287408
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MR. RAVICHANDIRAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/24,EAST STREET,PAZHAMALAINATHAPURAM
Line 2	SENDHURAI
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9787882109
Email	RRENGLIT@GMAIL.COM
Gender	MALE
Community	ВС
PAN Number	BUZPR3168L
Passport Number	
Faculty code given by C.O.E.	9225674
Faculty code given by A.I.C.T.E.	1-44721290855
Date of Birth	02-06-1990
Age	34
I. Particulars of Educational Qualification :	(only completed)

Category	Name of the Degree	Specializa tion	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.A.	ENGLISH	2010	OTHERS - SRINIVASA N COLLEGE OF ARTS COLLEGE	BHARATHI DASAN UNIVERSIT Y	54	SECOND CLASS	Property and the first of the f
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2014	OTHERS - JAMAL MOHAMED COLLEGE	BHARATHI DASAN UNIVERSIT Y	61	SECOND CLASS	Figure 1 and
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - ENGLISH	2017	OTHERS - JAMAL MOHAMED COLLEGE	BHARATHI DASAN UNIVERSIT Y	71	FIRST CLASS	Francisco de la constanta de l

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Score : File :

II.	Title	of Ph	D.	Thesis
HI.	TILLE	ULLI		1 116313

III. Faculty in which Ph.D. was awarded

IV. Academic Experience:

(Start from the Current working Experience) *

Name of the Callege	Designation	Designation Joining Date		Experience		
Name of the College	Designation Joining Date		for Presently Working Institutions	Years	Months	Days
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	22-08-2024	21-01-2025	0	4	31
V S B ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	04-05-2022	12-06-2024	2	1	9
	•		Total	2	6	12

Name of the	Designation	Nature of Work	Joining Date	Relieving Date		xperience	е
Organisation	Designation	Nature of Work	Joining Date	Keneving Date	Years	Months	Days

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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Raichalia.

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	287887
Name of the Department	OTHERS - TAMIL
Name of the Degree & Course	S&H-TAMIL
Name of the faculty member	MRS. MAHESWARI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	GKM NAGAR,THIRUMANUR
Line 2	THIRUMANAUR,621715
District	ARIYALUR
Telephone number	•
Mobile number	+91 - 8754651169
Email	MAHESLINGAM19@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	INTPM0611R
Passport Number	
Faculty code given by C.O.E.	8158112
Faculty code given by A.I.C.T.E.	1-43735056592
Date of Birth	15-06-1984
Age	40
I. Particulars of Educational Qualification	: (only completed)

Category	Name of the Degree	Specializa tion	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.	OTHERS - B.LIT	OTHERS - TAMIL	2005	OTHERS - RAJAHS COLLEGE OF SANSKRIT TAMIL AND MUSIC	BHARATHI DASAN UNIVERSIT Y	60	FIRST CLASS	PLANTAGE AND A STATE OF THE STA
P.G.	OTHERS - M.A	OTHERS - TAMIL	2007	OTHERS - TAMILVEL UMAMAHE SHVARNAR KARANTHA I ARTS COLLEGE	BHARATHI DASAN UNIVERSIT Y	71	FIRST CLASS	Control of the contro
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - TAMIL	2008	OTHERS - TAMILVEL UMAMAHE SHWARNA R KARATHAI ARTS COLLEGE	BHARATHI DASAN UNIVERSIT Y	81	DISTINCTI ON	The second secon

^{*} Upload Scanned copy of Original Degree Certificate.

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	Е	xperience	•
	Designation	Johning Date	Years	Months	Days	
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2023	21-01-2025	1	7	21
	1	7	24			

Name of the	Designation	Nature of Work	Joining Date	Relieving Date		xperience	è
Organisation	Designation	Nature of Work	Johning Date	Keneving Date	Years	Months	Days

AUR No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 500	Re-Evaluation (No. of scripts Evaluated)
certified	that all the informati	ion provided are true to the	e hest of my knowledge	
or orrivor	*******	on provided are true to the	best of my knowledge.	
or uniou		on provided are true to an	bost of my knowledge.	
		on provided are true to the	best of my knowledge.	
· · · · · · · · · · · · · · · · · · ·			bost of my knowledge.	

99	8158 - NELLIANDAVAR INSTITUTE OF
Name of the College	TECHNOLOGY
Faculty ID	289934
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. SENTHILVELAN AV
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	MARIYAMMAN KOVIL STREET,MATHURA KUTIKADU
Line 2	PERAMBALUR-621708
District	PERAMBALUR
Telephone number	₹
Mobile number	+91 - 9976821787
Email	SENTHILVELAN93716@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	GKXPS7837C
Passport Number	
Faculty code given by C.O.E.	8158110
Faculty code given by A.I.C.T.E.	1-44720408284
Date of Birth	18-06-1978
Age	46
I. Particulars of Educational Qualification :	(only completed)

Category	Name of the Degree	Specializa tion	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.SC.	OTHERS - MATHEMA TICS	1996	OTHERS - GOVERNM ENT ARTS COLLEGE ARIYALUR	BHARATHI DASAN UNIVERSIT Y	60	FIRST CLASS	The second secon
P.G.	M.SC.	OTHERS - MATHEMA TICS	2003	OTHERS - PERIYAR EVR COLLEGE	BHARATHI DASAN UNIVERSIT Y	81	FIRST CLASS	The second secon
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - MATHEMA TICS	2003	OTHERS - NATIONAL ARTS COLLEGE	BHARATHI DASAN UNIVERSIT Y	79	FIRST CLASS	The second secon

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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) $\ensuremath{^*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience	•
	Designation	Joining Date	Working Institutions	Years	Months	Days
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	29-04-2024	21-01-2025	0	8	23
Total					8	27

V. Industrial Experience:

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date		xperience	e
Organisation	Designation	Nature of Work	Johning Date	Keneving Date	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	Squad Member	External Examiner	Central Evaluation	Re-Evaluation
(No. of days)	(No. of days)	(Practical) (No. of days)	(No. of scripts Evaluated)	(No. of scripts Evaluated)

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

	A.v. 55-P	
Signature of the Faculty :		

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	286553
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MR. KANNAN G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	190,MIDDLE STREET,E KANDIYANKOLLAI
Line 2	ARIYALUR-621806
District	ARIYALUR
Telephone number	
Mobile number	+91 - 9363659598
Email	KANNAN85.G@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	IAVPK8195R
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-7416184883
Date of Birth	03-05-1985
Age	39
I. Particulars of Educational Qualification : (or	aly completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - CHEMIST RY	2005	OTHERS - BOOMPU HAR COLLEGE	BHARATH IDASAN UNIVERSI TY	68	FIRST CLASS	The state of the s
P.G.	M.SC.	OTHERS - CHEMIST RY	2007	OTHERS - MRC	BHARATH IDASAN UNIVERSI TY	71	FIRST CLASS	The state of the s
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - CHEMIST RY	2009	OTHERS - GOVERN MENT ARTS COLLEGE KUMBAK ONAM	BHARATH IDASAN UNIVERSI TY	72	FIRST CLASS	The second secon

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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	000	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
	lege	Designation		Working Institutions	Years	Months	Days
NELLIANDAVAR INSTITUTE OF TECHNOLOGY		ASSISTANT PROFESSOR 03-06-2013		21-01-2025	11	7	19
	Total						22

Name of the Organisation	Designation	Nature of	Joining Date	Relieving Date		xperience	е
Organisation	Designation	Work	Johning Date	Kellevilly Date	Years	Months	Days

No. of days)	Member (No. of days)	(Practical) (No. of days)	(No. of scripts Evaluated) 500	(No. of scripts Evaluated)
certified t	hat all the inform	ation provided are true to	the best of my knowledge.	
erunea t	nat all the informa	ation provided are true to	the best of my knowledge.	

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	288281
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. THEIVAKANI K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NORTH STREET
Line 2	ARANOOR,621704
District	ARIYALUR
Telephone number	
Mobile number	+91 - 8807540972
Email	MADHUBALANMLA@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BOPPT0895G
Passport Number	
Faculty code given by C.O.E.	8158116
Faculty code given by A.I.C.T.E.	1-43734783251
Date of Birth	20-04-1996
Age	28
I. Particulars of Educational Qualification :	(only completed)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEMA TICS	2016	OTHERS - GOVT ARTS COLLEGE ARIYALUR	BHARATHI DASAN UNIVERSI TY	80	DISTINCTI ON	STATE OF THE PROPERTY OF THE P
P.G.	M.SC.	APPLIED MATHEMA TICS	2018	OTHERS - GOVT ARTS COLLEGE ARIYALUR	BHARATHI DASAN UNIVERSI TY	71.25	FIRST CLASS	Company Comp
OTHERS - M.PHILL	OTHERS - M.PHILL	OTHERS - MATHEMA TICS	2021	OTHERS - GOVT ARTS COLLEGE TRICHY	BHARATHI DASAN UNIVERSI TY	80	FIRST CLASS	Rondona Janus English Santa Sa

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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	E	xperience	e
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	20-07-2023	21-01-2025	1	6	2
		•	Total	1	6	5

Name of the	Designation	Nature of Work	Joining Date	Policying Date	Е	xperience	e
Organisation	Designation	Nature of Work	Johning Date	Keneving Date	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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



Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	289804
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. BALAKUMAR T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/1.OM SAKTHI KOVIL STREET,KEELAPALUVUR
Line 2	KEELAPALUVUR-621707
District	ARIYALUR
Telephone number	
Mobile number	+91 - 8870039411
Email	BALAKUMAR84763@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	DXAPB4671N
Passport Number	
Faculty code given by C.O.E.	8156124
Faculty code given by A.I.C.T.E.	1-9537755556
Date of Birth	12-06-1993
Age	31
I. Particulars of Educational Qualification : (only com	apleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEMA TICS	2014	OTHERS - NATIONAL COLLEGE TRICHY	BHARATHI DASAN UNIVERSI TY	70	FIRST CLASS	Constitute a description of the constitute of th
P.G.	M.SC.	OTHERS - MATHEMA TICS	2017	OTHERS - ANNAI VELANKA NNI ARTS AND SCIENCES COLLEGE	BHARATHI DASAN UNIVERSI TY	71	FIRST CLASS	The second secon
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - MATHEMA TICS	2018	OTHERS - ANNAI VELANKA NI ARTS SCIENCES COLLEGE	BHARATHI DASAN UNIVERSI TY	83	FIRST CLASS	The state of the s

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience		e
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	14-08-2024	21-01-2025	0	5	8
ARIYALUR ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-06-2018	05-06-2024	6	0	1
			Total	6	5	11

Name of the	Designation	Noture of Mork	Joining Data	Deliaring Date	Е	xperience	e
Organisation	Designation	Nature of Work	Joining Date	Reneving Date	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 Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 200	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.



Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	287108
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MR. PURUSHOTHAMAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/187.MAINROAD KEELA CHINTHAMANI,
Line 2	T PALUR -612904
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 7502002464
Email	PURUSOTHRAJ90@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	GFMPP0645M
Passport Number	
Faculty code given by C.O.E.	8158118
Faculty code given by A.I.C.T.E.	1-44719676784
Date of Birth	25-05-1990
Age	34
I. Particulars of Educational Qualification :	(only completed)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.A.	ENGLISH	2013	OTHERS - GOVERNM ENT ARTS COLLEGE	BHARATHI DASAN UNIVERSI TY	56	SECOND CLASS	Principal Control Cont
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2016	OTHERS - THANTHA I HANS ROEVER ARTS COLLEGE	BHARATHI DASAN UNIVERSI TY	66	FIRST CLASS	The second secon
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - ENGLISH	2018	OTHERS - PERIYAR EVR COLLEGE	BHARATHI DASAN UNIVERSI TY	72	FIRST CLASS	Section 1997 - 1998 Section 1998 Section 1997 - 1998 Section 1998 Section 1997 - 1998 Se

^{*} Upload Scanned copy of Original Degree Certificate.

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 D		Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	07-07-2023	21-01-2025	1	6	15
	*		Total	1	6	18

Name of the	Designation	Nature of Work	Joining Date	Policying Date	Е	xperience	•
Organisation	Designation	Nature of Work	Joining Date	Keneving Date	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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

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Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	312080
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. SUDHA V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	13/2F,ARCHUNAPURAM,
Line 2	ARIYALUR-621707
District	ARIYALUR
Telephone number	
Mobile number	+91 - 8012421319
Email	SUDHA.VEERASINGAM1986@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DXIPS4426J
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2312768879
Date of Birth	01-06-1986
	39

Category	Name of the Degree	Specializati on	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.SC.	OTHERS - MATHEMAT ICES	2006	OTHERS - STET WOMENS COLLEGE MANNARKU TTI	BHARATHID ASAN UNIVERSITY	74	FIRST CLASS	The second secon
P.G.	M.SC.	OTHERS - MATHEMAT ICES	2008	OTHERS - STET WOMENS COLLEGE	BHARATHID ASAN UNIVERSITY	84	FIRST CLASS	The second secon
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - MATHEMAT ICS	2011	OTHERS - JAMAL MOHAMME T COLLEGE	BHARATHID ASAN UNIVERSITY	92	DISTINCTIO N	

^{*} Upload Scanned copy of Original Degree Certificate.

Score : File :

II. Title of Ph.D. Thesis	II.	Title	of Ph	.D.	Thesis
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III. Faculty in which Ph.D. was awarded

IV. Academic Experience:

(Start from the Current working Experience) *

Name of the College	Designation	Designation Joining Date Relieving Date Current Date for Presently				•
Name of the conege	Designation	Joining Date	Working Institutions	Years	Months	Days
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	06-01-2025	26-01-2025	0	0	21
	•	-	Total	0	0	21

V. Industrial Experience:

Name of the	Designation	Nature of Work	Joining Date	Policying Date	Е	xperience	,
Organisation	Designation	Nature of Work	Joining Date	Relieving Date	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.



Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	312275
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. SURESH R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	EAST STREET,NAGALKULI POST
Line 2	ARIYALUR-621806
District	ARIYALUR
Telephone number	
Mobile number	+91 - 9688099670
Email	ASURARMATHS@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	GYPPS3031C
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-43735056411
Date of Birth	11-06-1992
Age	33
I. Particulars of Educational Qualification :	(only completed)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEM ATICES	2012	OTHERS - GOVERN MENT ARTS SCIENCES ARIYALUR	BHARATH IDASAN UNIVERSI TY	72	FIRST CLASS	The second secon
P.G.	M.SC.	OTHERS - MATHEM ATICES	2015	OTHERS - MODERN ARTS SCIENCES COLLEGE	BHARATH IDASAN UNIVERSI TY	74	FIRST CLASS	Company of the second of the s
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - MATHEM ATICES	2020	OTHERS - BRIST UNIVERSI TY	OTHERS - PRIST UNIVERSI TY	88	FIRST CLASS	6.0

^{*} Upload Scanned copy of Original Degree Certificate.

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	Relieving Date / Current Date for Property			е	
Name of the Conege	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	06-01-2025	27-01-2025	0	0	22
	•		Total	0	0	22

Name of the Organisation	Designation	Nature of	Joining Date	Relieving Date	Е	•
Organisation	Designation	Work	Joining Date		Years	Months

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Exmination during the last year

AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)
uays)	(No. of days)	(No. of days)	Evaluateu)	Evaluateu)

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



Name of the College	8158 - NELLIANDAVAR INSTITUTE OF
Traine of the conege	TECHNOLOGY
Faculty ID	312403
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MR. MATHIVANAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/48,SOUTH STREET,KOKKUR,KUTTALAM
Line 2	NAGAPATTINAM-609801
District	NAGAPATTINAM
Telephone number	-
Mobile number	+91 - 9444100501
Email	RAJAMATHI325@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ВІРРМ9799А
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44794646189
Date of Birth	29-07-1988
Age	37
I. Particulars of Educational Qualification :	(only completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.A.	ENGLISH	2011	OTHERS - ANNAMAL AI UNIVERSI TY	ANNAMAL AI UNIVERSI TY	46	SECOND CLASS	Alternative Control of the Control o
P.G.	OTHERS - MA	OTHERS - ENGLISH	2015	OTHERS - TAMIL UNIVERSI TY	TAMIL UNIVERSI TY	62	FIRST CLASS	•
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - ENGLISH	2016	OTHERS - EGS PILLAI NAGAPAT TINAM	BHARATH IDASAN UNIVERSI TY	72	FIRST CLASS	The second secon

^{*} Upload Scanned copy of Original Degree Certificate.

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11.	LIL	16.	UI.	rп.	v.	1111	3515

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	Experience		
Name of the Conege	Designation	Johning Date	Joining Date for Presently Working Institutions		Months	Days
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	06-01-2025	27-01-2025	0	0	22
2	2		Total	0	0	22

Name of the Organisation	Decignation	Nature of Joining Date Relieving Date				xperience	e
Organisation	Designation	Work	Joining Date			Months	Days

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Exmination during the last year

AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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

