





# **Science and Humanities**

<b>Name of the College</b>	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
<b>Faculty ID</b>	280174
<b>Name of the Department</b>	PHYSICS
<b>Name of the Degree &amp; Course</b>	S&H-PHYSICS
<b>Name of the faculty member</b>	MR. SELLADURAI C
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	208, SOUTH ST, T.KUDIKADU, THATHANUR PO, UDAYARPALAYAM TK, ARIYALUR DT
Line 2	621804
<b>District</b>	ARIYALUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9941772513
<b>Email</b>	DURAI.PHY81@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	HHHPS7900E
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	8158114
<b>Faculty code given by A.I.C.T.E.</b>	1-43735056540
<b>Date of Birth</b>	03-07-1981
<b>Age</b>	43
<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.SC.	OTHERS - PHYSICS	2003	OTHERS - GOVT ARTS COLLEGE ARIYALUR	BHARATH IDASAN UNIVERSITY	59	SECOND CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2005	NEHRU INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	BHARATH IDASAN UNIVERSITY	67	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - PHYSICS	2006	OTHERS - GOVT ARTS COLLEGE KUMBakonam	BHARATH IDASAN UNIVERSITY	72	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
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
<b>Total</b>				<b>7</b>	<b>5</b>	<b>23</b>

**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) 500	Re-Evaluation (No. of scripts Evaluated)
----------------------	-------------------------------	---	---	---

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

**Signature of the Faculty :**



<b>Name of the College</b>	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
<b>Faculty ID</b>	291186
<b>Name of the Department</b>	PHYSICS
<b>Name of the Degree &amp; Course</b>	S&H-PHYSICS
<b>Name of the faculty member</b>	MR. SELVARAJ G
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	PATTA STREET, KARAİKURUCHI
Line 2	ARIYALUR-612904
<b>District</b>	ARIYALUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9750590489
<b>Email</b>	SELVARASUMSC@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	EEGPS8206N
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	8158043
<b>Faculty code given by A.I.C.T.E.</b>	1-44721290557
<b>Date of Birth</b>	10-03-1980
<b>Age</b>	44
<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.SC.	OTHERS - PHYSICS	2002	OTHERS - GOVERNMENT ARTS COLLEGE	BHARATH IDASAN UNIVERSITY	63	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2012	OTHERS - SK SS ARTS COLLEGE	BHARATH IDASAN UNIVERSITY	61	FIRST CLASS	
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - PHYSICS	2022	OTHERS - PRIST UNIVERSITY	OTHERS - PERIST UNIVERSITY	81	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	07-07-2023	21-01-2025	1	6	15
<b>Total</b>				1	6	18

**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>
----------------------------------	---	--	--	---

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

**Signature of the Faculty :**



<b>Name of the College</b>	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
<b>Faculty ID</b>	286893
<b>Name of the Department</b>	CHEMISTRY
<b>Name of the Degree &amp; Course</b>	S&H-CHEMISTRY
<b>Name of the faculty member</b>	MRS. RAVANAN P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	279D,KARUVELKADU,ARINGAL PO
Line 2	KILAPALUR-621707
<b>District</b>	ARIYALUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9843602290
<b>Email</b>	RAVANANCHEM@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	CEHPR4708B
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-2312768974
<b>Date of Birth</b>	02-10-1971
<b>Age</b>	53
<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.	OTHERS - CHEMISTRY	OTHERS - CHEMISTRY	1995	OTHERS - RAJASARO POCHI ARTS COLLEGE	BHARATHI DASAN UNIVERSITY	59	SECOND CLASS	
P.G.	OTHERS - CHEMISTRY	OTHERS - CHEMISTRY	1997	OTHERS - KADHAL MOHITHEN	BHARATHI DASAN UNIVERSITY	65	FIRST CLASS	
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - CHEMISTRY	2000	OTHERS - PUNTI PUSHAM ARTS COLLEGE	BHARATHI DASAN UNIVERSITY	65	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	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
<b>Total</b>				15	1	22

**V. Industrial Experience :**


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

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




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

P. Jona



<b>Name of the College</b>	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
<b>Faculty ID</b>	287408
<b>Name of the Department</b>	ENGLISH
<b>Name of the Degree &amp; Course</b>	S&H-ENGLISH
<b>Name of the faculty member</b>	MR. RAVICHANDIRAN R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	1/24,EAST STREET,PAZHAMALAINATHAPURAM
Line 2	SENDHURAI
<b>District</b>	ARIYALUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9787882109
<b>Email</b>	RRENLIT@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BUZPR3168L
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	9225674
<b>Faculty code given by A.I.C.T.E.</b>	1-44721290855
<b>Date of Birth</b>	02-06-1990
<b>Age</b>	34
<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.A.	ENGLISH	2010	OTHERS - SRINIVASAN COLLEGE OF ARTS COLLEGE	BHARATHI DASAN UNIVERSITY	54	SECOND CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2014	OTHERS - JAMAL MOHAMED COLLEGE	BHARATHI DASAN UNIVERSITY	61	SECOND CLASS	
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - ENGLISH	2017	OTHERS - JAMAL MOHAMED COLLEGE	BHARATHI DASAN 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
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
<b>Total</b>				<b>2</b>	<b>6</b>	<b>12</b>

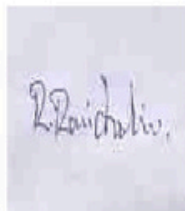
**V. Industrial Experience :**

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**




<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>
----------------------------------	---------------------------------------	--	--	---

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



**Signature of the Faculty :**

<b>Name of the College</b>	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
<b>Faculty ID</b>	287887
<b>Name of the Department</b>	OTHERS - TAMIL
<b>Name of the Degree &amp; Course</b>	S&H-TAMIL
<b>Name of the faculty member</b>	MRS. MAHESWARI M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	GKM NAGAR, THIRUMANUR
Line 2	THIRUMANUR, 621715
<b>District</b>	ARIYALUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8754651169
<b>Email</b>	MAHESLINGAM19@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	INTPM0611R
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	8158112
<b>Faculty code given by A.I.C.T.E.</b>	1-43735056592
<b>Date of Birth</b>	15-06-1984
<b>Age</b>	40
<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.	OTHERS - B.LIT	OTHERS - TAMIL	2005	OTHERS - RAJAHS COLLEGE OF SANSKRIT TAMIL AND MUSIC	BHARATHI DASAN UNIVERSITY	60	FIRST CLASS	
P.G.	OTHERS - M.A	OTHERS - TAMIL	2007	OTHERS - TAMILVEL UMAMAHE SHVARNAR KARANATHAI ARTS COLLEGE	BHARATHI DASAN UNIVERSITY	71	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - TAMIL	2008	OTHERS - TAMILVEL UMAMAHE SHWARNA R KARATHAI ARTS COLLEGE	BHARATHI DASAN UNIVERSITY	81	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	01-06-2023	21-01-2025	1	7	21
<b>Total</b>				<b>1</b>	<b>7</b>	<b>24</b>

**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**

<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) 500</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
----------------------------------	---------------------------------------	--	--	---




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

Signature of the Faculty :



<b>Name of the College</b>	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
<b>Faculty ID</b>	289934
<b>Name of the Department</b>	MATHEMATICS
<b>Name of the Degree &amp; Course</b>	S&H-MATHEMATICS
<b>Name of the faculty member</b>	MR. SENTHILVELAN AV
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	MARIYAMMAN KOVIL STREET,MATHURA KUTIKADU
Line 2	PERAMBALUR-621708
<b>District</b>	PERAMBALUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9976821787
<b>Email</b>	SENTHILVELAN93716@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	GKXPS7837C
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	8158110
<b>Faculty code given by A.I.C.T.E.</b>	1-44720408284
<b>Date of Birth</b>	18-06-1978
<b>Age</b>	46
<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.SC.	OTHERS - MATHEMATICS	1996	OTHERS - GOVERNMENT ARTS COLLEGE ARIYALUR	BHARATHI DASAN UNIVERSITY	60	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2003	OTHERS - PERIYAR EVR COLLEGE	BHARATHI DASAN UNIVERSITY	81	FIRST CLASS	
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - MATHEMATICS	2003	OTHERS - NATIONAL ARTS COLLEGE	BHARATHI DASAN UNIVERSITY	79	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	29-04-2024	21-01-2025	0	8	23
<b>Total</b>				0	8	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 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)
-------------------	----------------------------	---	---	--




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



A.v. S. P.

**Signature of the Faculty :**

<b>Name of the College</b>	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
<b>Faculty ID</b>	286553
<b>Name of the Department</b>	CHEMISTRY
<b>Name of the Degree &amp; Course</b>	S&H-CHEMISTRY
<b>Name of the faculty member</b>	MR. KANNAN G
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	190,MIDDLE STREET,E KANDIYANKOLLAI
Line 2	ARIYALUR-621806
<b>District</b>	ARIYALUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9363659598
<b>Email</b>	KANNAN85.G@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	IAVPK8195R
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-7416184883
<b>Date of Birth</b>	03-05-1985
<b>Age</b>	39
<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.SC.	OTHERS - CHEMISTRY	2005	OTHERS - BOOMPUR HAR COLLEGE	BHARATH IDASAN UNIVERSITY	68	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2007	OTHERS - MRC	BHARATH IDASAN UNIVERSITY	71	FIRST CLASS	
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - CHEMISTRY	2009	OTHERS - GOVERNMENT ARTS COLLEGE KUMBAKONAM	BHARATH IDASAN UNIVERSITY	72	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	03-06-2013	21-01-2025	11	7	19
<b>Total</b>				11	7	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) 500</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
----------------------------------	---	--	--	---

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

**Signature of the Faculty :**

<b>Name of the College</b>	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
<b>Faculty ID</b>	288281
<b>Name of the Department</b>	MATHEMATICS
<b>Name of the Degree &amp; Course</b>	S&H-MATHEMATICS
<b>Name of the faculty member</b>	MRS. THEIVAKANI K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NORTH STREET
Line 2	ARANOOR,621704
<b>District</b>	ARIYALUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8807540972
<b>Email</b>	MADHUBALANMLA@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	BOPPT0895G
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	8158116
<b>Faculty code given by A.I.C.T.E.</b>	1-43734783251
<b>Date of Birth</b>	20-04-1996
<b>Age</b>	28
<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.SC.	OTHERS - MATHEMATICS	2016	OTHERS - GOVT ARTS COLLEGE ARIYALUR	BHARATHI DASAN UNIVERSITY	80	DISTINCTION	
P.G.	M.SC.	APPLIED MATHEMATICS	2018	OTHERS - GOVT ARTS COLLEGE ARIYALUR	BHARATHI DASAN UNIVERSITY	71.25	FIRST CLASS	
OTHERS - M.PHILL	OTHERS - M.PHILL	OTHERS - MATHEMATICS	2021	OTHERS - GOVT ARTS COLLEGE TRICHY	BHARATHI DASAN UNIVERSITY	80	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	20-07-2023	21-01-2025	1	6	2
Total				1	6	5

**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>
----------------------------------	---	--	--	---




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

**Signature of the Faculty :**





<b>Name of the College</b>	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
<b>Faculty ID</b>	289804
<b>Name of the Department</b>	MATHEMATICS
<b>Name of the Degree &amp; Course</b>	S&H-MATHEMATICS
<b>Name of the faculty member</b>	MR. BALAKUMAR T
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	1/1.OM SAKTHI KOVIL STREET,KEELAPALUVUR
Line 2	KEELAPALUVUR-621707
<b>District</b>	ARIYALUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8870039411
<b>Email</b>	BALAKUMAR84763@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	DXAPB4671N
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	8156124
<b>Faculty code given by A.I.C.T.E.</b>	1-9537755556
<b>Date of Birth</b>	12-06-1993
<b>Age</b>	31
<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.SC.	OTHERS - MATHEMATICS	2014	OTHERS - NATIONAL COLLEGE TRICHY	BHARATHI DASAN UNIVERSITY	70	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2017	OTHERS - ANNAI VELANKANNI ARTS AND SCIENCES COLLEGE	BHARATHI DASAN UNIVERSITY	71	FIRST CLASS	
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - MATHEMATICS	2018	OTHERS - ANNAI VELANKANNI ARTS SCIENCES COLLEGE	BHARATHI DASAN UNIVERSITY	83	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	14-08-2024	21-01-2025	0	5	8
ARIYALUR ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-06-2018	05-06-2024	6	0	1
<b>Total</b>				<b>6</b>	<b>5</b>	<b>11</b>


**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) 3</b>	<b>Central Evaluation (No. of scripts Evaluated) 200</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
----------------------------------	---	--	--	---

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

**Signature of the Faculty :**

<b>Name of the College</b>	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
<b>Faculty ID</b>	287108
<b>Name of the Department</b>	ENGLISH
<b>Name of the Degree &amp; Course</b>	S&H-ENGLISH
<b>Name of the faculty member</b>	MR. PURUSHOTHAMAN R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	1/187.MAINROAD KEELA CHINTHAMANI,
Line 2	T PALUR -612904
<b>District</b>	ARIYALUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 7502002464
<b>Email</b>	PURUSOTHRAJ90@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	GFMPP0645M
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	8158118
<b>Faculty code given by A.I.C.T.E.</b>	1-44719676784
<b>Date of Birth</b>	25-05-1990
<b>Age</b>	34
<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.A.	ENGLISH	2013	OTHERS - GOVERNMENT ARTS COLLEGE	BHARATHI DASAN UNIVERSITY	56	SECOND CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2016	OTHERS - THANTHAN ROEVER ARTS COLLEGE	BHARATHI DASAN UNIVERSITY	66	FIRST CLASS	
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - ENGLISH	2018	OTHERS - PERIYAR EVR COLLEGE	BHARATHI DASAN UNIVERSITY	72	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	07-07-2023	21-01-2025	1	6	15
Total				1	6	18

**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>
----------------------------------	---	--	--	---

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






**Signature of the Faculty :**



<b>Name of the College</b>	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
<b>Faculty ID</b>	312080
<b>Name of the Department</b>	MATHEMATICS
<b>Name of the Degree &amp; Course</b>	S&H-MATHEMATICS
<b>Name of the faculty member</b>	MRS. SUDHA V
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	13/2F,ARCHUNAPURAM,
Line 2	ARIYALUR-621707
<b>District</b>	ARIYALUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8012421319
<b>Email</b>	SUDHA.VEERASINGAM1986@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	BC
<b>PAN Number</b>	DXIPS4426J
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-2312768879
<b>Date of Birth</b>	01-06-1986
<b>Age</b>	39
<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.SC.	OTHERS - MATHEMATICS	2006	OTHERS - STET WOMENS COLLEGE MANNARKUTTI	BHARATHIDASAN UNIVERSITY	74	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2008	OTHERS - STET WOMENS COLLEGE	BHARATHIDASAN UNIVERSITY	84	FIRST CLASS	
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - MATHEMATICS	2011	OTHERS - JAMAL MOHAMMED COLLEGE	BHARATHIDASAN UNIVERSITY	92	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	06-01-2025	26-01-2025	0	0	21
<b>Total</b>				0	0	21

**V. Industrial Experience :**

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

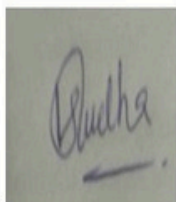
**VI. C.O.E. Appointment Experience :**


**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)
-------------------	----------------------------	---	---	--

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

**Signature of the Faculty :**

A handwritten signature in blue ink, appearing to read "Pooja", with a horizontal line underneath it.

<b>Name of the College</b>	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
<b>Faculty ID</b>	312275
<b>Name of the Department</b>	MATHEMATICS
<b>Name of the Degree &amp; Course</b>	S&H-MATHEMATICS
<b>Name of the faculty member</b>	MR. SURESH R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	EAST STREET,NAGALKULI POST
Line 2	ARIYALUR-621806
<b>District</b>	ARIYALUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9688099670
<b>Email</b>	ASURARMATHS@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	GYPPS3031C
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-43735056411
<b>Date of Birth</b>	11-06-1992
<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.SC.	OTHERS - MATHEMATICS	2012	OTHERS - GOVERNMENT ARTS SCIENCES ARIYALUR	BHARATH IDASAN UNIVERSITY	72	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2015	OTHERS - MODERN ARTS SCIENCES COLLEGE	BHARATH IDASAN UNIVERSITY	74	FIRST CLASS	
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - MATHEMATICS	2020	OTHERS - BRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	88	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	06-01-2025	27-01-2025	0	0	22
<b>Total</b>				0	0	22

**V. Industrial Experience :**

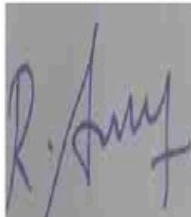
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


**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>
----------------------------------	---	--	--	---




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

**Signature of the Faculty :**



<b>Name of the College</b>	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
<b>Faculty ID</b>	312403
<b>Name of the Department</b>	ENGLISH
<b>Name of the Degree &amp; Course</b>	S&H-ENGLISH
<b>Name of the faculty member</b>	MR. MATHIVANAN R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	2/48,SOUTH STREET,KOKKUR,KUTTALAM
Line 2	NAGAPATTINAM-609801
<b>District</b>	NAGAPATTINAM
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9444100501
<b>Email</b>	RAJAMATHI325@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BIPPM9799A
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44794646189
<b>Date of Birth</b>	29-07-1988
<b>Age</b>	37
<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.A.	ENGLISH	2011	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	46	SECOND CLASS	
P.G.	OTHERS - MA	OTHERS - ENGLISH	2015	OTHERS - TAMIL UNIVERSITY	TAMIL UNIVERSITY	62	FIRST CLASS	
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - ENGLISH	2016	OTHERS - EGS PILLAI NAGAPATTINAM	BHARATHIDASAN UNIVERSITY	72	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	06-01-2025	27-01-2025	0	0	22
<b>Total</b>				0	0	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>
----------------------------------	---	--	--	---

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



**Signature of the Faculty :**