Civil Engineering

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	270676
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. JOSEPH ANTO S
Regular Or Adjunct	Regular
Image	
Present Designation	OTHERS - HOD INCHARGE
Residential Address Line 1	243,MADHAKOIL STREET,VANAMADEVI POST
Line 2	KATTUMANNARKOIL TH,608701
District	CUDDALORE
Telephone number	-
Mobile number	+91 - 8754699255
Email	HAIJOSEPHANTO@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AQMPJ7987M
Passport Number	
Faculty code given by C.O.E.	8158049
Faculty code given by A.I.C.T.E.	1-
Date of Birth	06-07-1992
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.	CIVIL ENGINEERING	2013	M.I.E.T. ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.E.	CONSTRUCTION ENGINEERING AND MANAGEMENT	2016	MEENAKSHI SUNDARARAJAN ENGINEERING COLLEGE (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	15-06-2016	05-11-2024	8	4	21
			Total	8	4	23

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
SERVCO ENGINEERING	SITE ENGINEER	FIELD OFFICER	20-06-2013	21-07-2014	1	1	2
				Total	1	1	2

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)

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	283448
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. ELAVARASI G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	11 INDIRA NAGAR,JAYANKONDAM,
Line 2	ARIYALUR-621802
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9585753502
Email	GELAVARASI4@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	ABRPE7661D
Passport Number	
Faculty code given by C.O.E.	8117203
Faculty code given by A.I.C.T.E.	1-
Date of Birth	17-11-1991
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.	CIVIL ENGINEERING	2013	UNIVERSITY COLLEGE OF ENGINEERING ARIYALUR	ANNA UNIVERSITY	76	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2015	ALAGAPPA CHETTIAR GOVERNMENT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	86	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	02-07-2018	10-11-2024	6	4	9
			Total	6	4	11

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)

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	273181
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. TAMIZHARASAN N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/57 EAST STREET,VENMANKONDAN, PO UDAYARPALAYAM,TK
Line 2	621804
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9047801688
Email	TAMILRAJANCIVIL@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	ASGPT2738N
Passport Number	C3354722
Faculty code given by C.O.E.	8158071
Faculty code given by A.I.C.T.E.	1-3187496164
Date of Birth	01-05-1990
Age	34
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.	CIVIL ENGINEERING	2013	VETRI VINAYAHA COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	79	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2015	ADITHYA INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	71	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	27-07-2017	06-11-2024	7	3	11
DHAANISH AHMED COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	15-06-2015	30-04-2017	1	10	16
			Total	9	1	28

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)
		8	200	

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	288073
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MS. KAVISHANKARI V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	EAST STREET KALLAKUDI.KARUPPILAKKTTALAI ARIYALUR
Line 2	621707
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 8248253945
Email	KAVISHAKARICIVIL29@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	HVIPK1860E
Passport Number	
Faculty code given by C.O.E.	8158093
Faculty code given by A.I.C.T.E.	1-81582024
Date of Birth	29-02-1996
Age	28
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.	CIVIL ENGINEERING	2017	ARIYALUR ENGINEERING COLLEGE	ANNA UNIVERSITY	6.87	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2019	ANNA UNIVESITY REGIONAL CAMPUS,MADURAI	ANNA UNIVERSITY	8.2	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	01-07-2019	12-11-2024	5	4	12
			Total	5	4	14

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)
		1	200	

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

Signature of the Faculty :