Electronics and Communication Engineering

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	270945
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. MATHIYAZHAGAN S
Regular Or Adjunct	Regular
Image	
Present Designation	OTHERS - HOD INCHARGE
Residential Address Line 1	2/25,ANNA NAGAR, RAJAJI NAGAR POST, ARIYALUR NORTH
Line 2	ARIYALUR, 621713
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9751415914
Email	SMATHI1984@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CSYPM3570P
Passport Number	
Faculty code given by C.O.E.	8158005
Faculty code given by A.I.C.T.E.	1-7415937080
Date of Birth	29-05-1985
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2008	DHANALAKSHMI SRINIVASAN ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	64	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2012	OTHERS - SATHYABAMA UNIVERSITY	OTHERS - SATHYABAMA UNIVERSITY	7.3	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	20-01-2014	20-01-2025	11	0	1
MEENAKSHI RAMASWAMY ENGINEERING COLLEGE	ASSISTANT PROFESSOR	12-06-2012	12-12-2012	0	6	1
			Total	11	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

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)
40	15	40	2000	100

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	279589
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. KARTHIKRAJA C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/106, COLONY ST, OTHIYAM PO, KUNNAM TK, PERAMBALUR DT
Line 2	621708
District	PERAMBALUR
Telephone number	-
Mobile number	+91 - 7094728227
Email	KARTHIBHARATHI555@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	DWEPK3410F
Passport Number	
Faculty code given by C.O.E.	8158119
Faculty code given by A.I.C.T.E.	1-44718442234
Date of Birth	06-03-1996
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.	ELECTRONICS AND COMMUNICATION (ADVANCED COMMUNICATION TECHNOLOGY)	2018	SRI RAMAKRISHNA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	57.85	SECOND CLASS	
P.G.	M.E.	VLSI DESIGN	2023	M.A.M. COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	73.63	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	20-05-2024	20-01-2025	0	8	1
			Total	0	8	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

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	280345
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. SURESH R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	50/20, SOUTH STREET, NOCHIKULAM, ALATHUR TK, 621713
Line 2	PERAMBALUR DT
District	PERAMBALUR
Telephone number	99654 - 25240
Mobile number	+91 - 9965425240
Email	RSURESHMIET@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	HJPPS9110G
Passport Number	
Faculty code given by C.O.E.	8126568
Faculty code given by A.I.C.T.E.	1-10853308201
Date of Birth	20-04-1987
Age	37
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	2010	M.E.T. ENGINEERING COLLEGE	ANNA UNIVERSITY	79.6	DISTINCTION	
P.G.	M.E.	VLSI DESIGN	2014	V K S COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA 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
M.A.M. SCHOOL OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	28-08-2014	22-12-2014	0	3	26
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-07-2023	29-02-2024	0	7	5
M.A.M. COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	23-06-2014	27-08-2014	0	2	5
IMAYAM COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	07-06-2010	17-08-2012	2	2	11
ARIYALUR ENGINEERING COLLEGE	ASSISTANT PROFESSOR	07-01-2015	27-12-2019	4	11	21
MNSK COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-01-2020	27-06-2023	3	5	25
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-03-2024	20-01-2025	0	10	20
			Total	12	7	28

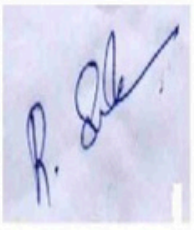
V. Industrial Experience :

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)
6	20	50	150	5

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	280483
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. VEERAMANI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/96, MAIN ROAD, VARIYANKAVAL POST, ANDIMADAM TK, ARIYALUR DT
Line 2	621806
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 7708627298
Email	VEERAHASAN.MANI@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AWYPV6333P
Passport Number	
Faculty code given by C.O.E.	8158117
Faculty code given by A.I.C.T.E.	1-44718711556
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	SAVEETHA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	60.80	SECOND CLASS	
P.G.	M.E.	VLSI DESIGN	2015	K RAMAKRISHNAN COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	75.14	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	05-02-2024	20-01-2025	0	11	16
			Total	0	11	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 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	269566
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. SASIKALA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	INDHIRA NAGAR. 3RD CROSS STREET, ARASUNAGAR POST, ARIYALUR
Line 2	621729
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 8667892858
Email	SASIKALA.MURUGES90@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	GRFPS3672J
Passport Number	
Faculty code given by C.O.E.	8158111
Faculty code given by A.I.C.T.E.	1-7416457989
Date of Birth	04-07-1989
Age	35
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	2011	OTHERS - PERIYAR MANIAMMAI COLLEGE OF TECHNOLOGY FOR WOMEN	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2014	DHANALAKSHMI SRINIVASAN ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	68.18	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	25-06-2016	09-05-2017	0	10	15
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	21-07-2014	21-01-2015	0	6	1
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	09-02-2023	20-01-2025	1	11	12
			Total	3	3	1

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	274577
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. RAJENDRA PRASAD S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/20 WEST STREET PARUKKAL PO UDAIYARPALAYAM TK ARIYALUR DT
Line 2	621804
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9840638599
Email	PRASAD.PARUKKAL@GAMIL.COM
Gender	MALE
Community	MBC
PAN Number	AQPPR3558R
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1471082337
Date of Birth	05-06-1984
Age	40
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	2006	KCG COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2012	MUTHAYAMMAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.2	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
ROEVER ENGINEERING COLLEGE	ASSISTANT PROFESSOR	15-06-2012	01-07-2024	12	0	17
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	02-07-2024	20-01-2025	0	6	19
			Total	12	7	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 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)
28	8	20	250	50

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	287522
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. KAYALVIZHI K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.1, KK NAGAR, 3RD CROSS, RAJAJINAGAR POST , ARIYALUR
Line 2	621713
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9786262197
Email	AKTHANVEE@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	DTKPK9217D
Passport Number	
Faculty code given by C.O.E.	8158068
Faculty code given by A.I.C.T.E.	1-3543648320
Date of Birth	30-07-1987
Age	37
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	2011	DHANALAKSHMI SRINIVASAN ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	67	SECOND CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2016	MEENAKSHI RAMASWAMY ENGINEERING COLLEGE	ANNA UNIVERSITY	70.49	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
MEENAKSHI RAMASWAMY ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2016	30-06-2017	0	11	31
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2017	20-01-2025	7	7	20
			Total	8	7	25

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	288570
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	DR. SATHESHKUMAR G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/62, MARIYAMMANI KOVIL ST, V.THURAIYUR, PALLIVIDAI PO, LALGUDI TK, TRICHY DT
Line 2	621112
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 7373455531
Email	GSKME83@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	CPNPS7438N
Passport Number	
Faculty code given by C.O.E.	8121275
Faculty code given by A.I.C.T.E.	1-43386611569
Date of Birth	25-05-1983
Age	41
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	2004	SHRI ANGALAMMAN COLLEGE OF ENGINEERING AND TECHNOLOGY	BHARATHIDASAN UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2008	JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	74	FIRST CLASS	
PH.D.	PH.D.	VLSI DESIGN	2020	PONDICHERRY UNIVERSITY	PONDICHERRY UNIVERSITY	YES		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	STUDIES ON LOW POWER TEST AND FAULT DIAGNOSIS OF DIGITAL CIRCUITS AND NETWORK ON CHIP
III. Faculty in which Ph.D. was awarded	OTHERS
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
JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	25-08-2008	31-05-2012	3	9	7
M.A.M. SCHOOL OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	10-10-2019	30-12-2022	3	2	21
M.A.M. COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSOCIATE PROFESSOR	05-06-2012	05-11-2014	2	5	1
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	02-01-2023	20-01-2025	2	0	19
OASYS INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2015	20-09-2019	4	2	20
			Total	15	8	12

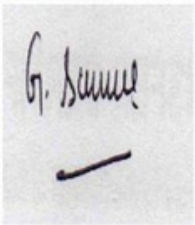
V. Industrial Experience :

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)
200	150	500	5000	2000

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	268707
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. JEYACHITRA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	555, THANTHAI PERIYAR NAGAR, AVINANGUDI POST, THITTAKUDI TK, CUDDALORE DT
Line 2	606111
District	CUDDALORE
Telephone number	-
Mobile number	+91 - 9659898982
Email	JEYA.GUNAA@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	BDUPJ8372G
Passport Number	
Faculty code given by C.O.E.	8158022
Faculty code given by A.I.C.T.E.	1-2301721295
Date of Birth	11-04-1990
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2011	OTHERS - PERIYAR MANIAMMAI COLLEGE OF TECHNOLOGY FOR WOMEN	ANNA UNIVERSITY	77.52	DISTINCTION	
P.G.	M.E.	COMMUNICATION SYSTEMS	2013	DHANALAKSHMI SRINIVASAN ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	78	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	01-07-2014	20-01-2025	10	6	20
			Total	10	6	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 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)
17	3	5	1500	

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	290064
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MRS. VINODHINI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	99B,JKM ROAD, UDAIYARPALAYAM PO,TK, ARIYALUR DT
Line 2	621804
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9342821473
Email	VINODHINI299@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	ARGPV6344M
Passport Number	
Faculty code given by C.O.E.	8158079
Faculty code given by A.I.C.T.E.	1-4642054974
Date of Birth	25-07-1993
Age	31
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	2014	MEENAKSHI RAMASWAMY ENGINEERING COLLEGE	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2016	MEENAKSHI RAMASWAMY ENGINEERING COLLEGE	ANNA 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	18-12-2018	20-01-2025	6	1	3
MEENAKSHI RAMASWAMY ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-01-2017	30-06-2017	0	5	30
			Total	6	7	6

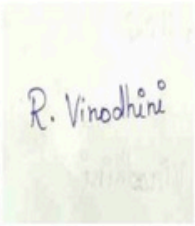
V. Industrial Experience :

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)
		2	250	

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



Signature of the Faculty :