Mechanical Engineering

Anna University, Chennai
Nelliandavar Institute of Technology - 8158

Consolidated_Report

13.faculty

Name of the College	8158 - NELLIANDAVAR INSTITUTE OF TECHNOLOGY
Faculty ID	291666
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. KANNAN R
Regular Or Adjunct	Regular
Image	
Present Designation	PRINCIPAL
Residential Address Line 1	J447,GOKUL ILLAM,BHARATHIDASAN NAGAR,
Line 2	PERAMBALUR-621212
District	PERAMBALUR
Telephone number	-
Mobile number	+91 - 9443955435
Email	RKN2K4@YAHOO.COM
Gender	MALE
Community	MBC
PAN Number	AHRPK8972D
Passport Number	
Faculty code given by C.O.E.	8158001
Faculty code given by A.I.C.T.E.	1-7417328989
Date of Birth	16-06-1966
Age	58
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.	MECHANICAL ENGINEERING	1995	OTHERS - REGIONAL ENGINEERING COLLEGE	BHARATHIDASAN UNIVERSITY	57	SECOND CLASS	
P.G.	M.E.	THERMAL ENGINEERING	2000	OTHERS - SANMUGA COLLEGE OF ENGINEERING	BHARATHIDASAN UNIVERSITY	67	FIRST CLASS	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2017	OTHERS - VINAYAKA MISSIONS UNIVERSITY	OTHERS - VINAYAKA MISSSIONS UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	EXPERIMENTAL INVESTIGATION OF PERFORMANCE AND EVALUATION OF SOLAR COOKER USING THERMAL PERFORMANCE PARAMETERS
III. Faculty in which Ph.D. was awarded	FACULTY OF MECHANICAL ENGINEERING
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
ROEVER COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - DEAN	23-08-2001	30-09-2013	12	1	9
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	PROFESSOR	04-10-2013	31-05-2017	3	7	28
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	PRINCIPAL	01-06-2017	20-01-2025	7	7	20
			Total	23	4	29

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
MOORGO INDUSTRY	SUPERVISER	ASSEMPLING PROCESS	01-06-1985	31-05-1988	2	11	30
				Total	2	11	4

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)
90				

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	289458
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. GAYASUDIN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	12/47, A1COLLEGE ROAD, RAJAJI NAGAR PO
Line 2	ARIYALUR, 621713
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9095106465
Email	GAYASUDEEN.ER@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BMDPG6238E
Passport Number	
Faculty code given by C.O.E.	8158078
Faculty code given by A.I.C.T.E.	1-3743676124
Date of Birth	20-04-1979
Age	45
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.	MECHANICAL ENGINEERING	2013	UNIVERSITY COLLEGE OF ENGINEERING ARIYALUR	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2015	DR.NAVALAR NEDUNCHEZHIYAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.35	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) ***	

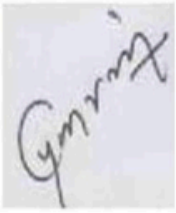
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	17-06-2015	20-01-2025	9	7	4
			Total	9	7	7

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)
7		5	1200	

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	289368
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. DEVAR M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	79A/6, SOUTH STREET,
Line 2	T KEELAVELI PO, UDAYARPALAYAM TK, 621804
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 8144066383
Email	DEVAR364@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CACPD4161P
Passport Number	
Faculty code given by C.O.E.	8156075
Faculty code given by A.I.C.T.E.	1-44721471704
Date of Birth	01-03-1977
Age	47
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2014	UNIVERSITY COLLEGE OF ENGINEERING ARIYALUR	ANNA UNIVERSITY	67.3	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	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	12-08-2024	20-01-2025	0	5	9
ARIYALUR ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2016	31-05-2024	7	10	31
			Total	8	4	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)
18	3	5	500	

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	280871
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SAMIKKANNU A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/88, MALAYALAP PATTI PO, VAPPANTHATTAI TK,PERAMBALUR DT.
Line 2	PERAMBALUR, 621103
District	PERAMBALUR
Telephone number	-
Mobile number	+91 - 9994356801
Email	SAMIKKANNU81@GMAIL.COM
Gender	MALE
Community	ST
PAN Number	DYZPS3242A
Passport Number	
Faculty code given by C.O.E.	8126266
Faculty code given by A.I.C.T.E.	1-9645849451
Date of Birth	11-08-1981
Age	43
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.	MECHANICAL ENGINEERING	2003	GOVERNMENT COLLEGE OF ENGINEERING SALEM (AUTONOMOUS)	PERIYAR UNIVERSITY	68.5	FIRST CLASS	
P.G.	M.E.	ENERGY ENGINEERING	2006	ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	8.01OGPA	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	25-10-2023	20-01-2025	1	2	27
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	23-06-2014	05-06-2017	2	11	13
ROEVER ENGINEERING COLLEGE	ASSISTANT PROFESSOR	09-11-2010	05-05-2014	3	5	27
TRICHY ENGINEERING COLLEGE	ASSISTANT PROFESSOR	06-10-2008	31-10-2010	2	0	26
			Total	9	9	7

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	2	3	400	

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	288362
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. ARUN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	229, KEELA STREET
Line 2	VEERAKKAN, SENDURAI TK, 621806
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 8526294240
Email	ARUN.MECH123@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AWLPA0723F
Passport Number	
Faculty code given by C.O.E.	8158027
Faculty code given by A.I.C.T.E.	1-2301898082
Date of Birth	25-05-1989
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.	MECHANICAL ENGINEERING	2011	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	80	DISTINCTION	
P.G.	M.E.	OTHERS - ENERGY ENGINEERING AND MANAGEMENT	2014	ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	8.25	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	18-07-2014	20-01-2025	10	6	3
			Total	10	6	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)

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	288432
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SATHEESH C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/29, MIDDLE STREET
Line 2	NAGALKUZHI, SENDURAI TK, 621806
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 7502959643
Email	SATHEESHDESIGN2013@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	EGTPS1942E
Passport Number	
Faculty code given by C.O.E.	8158059
Faculty code given by A.I.C.T.E.	1-3188871190
Date of Birth	01-06-1992
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.	MECHANICAL ENGINEERING	2013	DHANALAKSHMI SRINIVASAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	74	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2015	ANNA UNIVESITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	76	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
NELLIANDAVAR INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	04-04-2016	20-01-2025	8	9	17
			Total	8	9	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)
		1	300	

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	307983
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. RAMESH R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	555, WEST STREET Z.MELUR POST, ANDIMADAM TALUK ARIYALUR DISTRICT
Line 2	621803
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9750775042
Email	MECHRAM508@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BKEPR2986M
Passport Number	
Faculty code given by C.O.E.	8156151
Faculty code given by A.I.C.T.E.	1-3027383846
Date of Birth	03-06-1989
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.	MECHANICAL ENGINEERING	2012	DHANALAKSHMI SRINIVASAN ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.6	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2015	K. RAMAKRISHNAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	7.6	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	06-11-2024	20-01-2025	0	2	15
ARIYALUR ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2015	05-08-2024	9	1	5
			Total	9	3	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	270282
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. GANDHI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	10/86,POTTAKOLLAI,THATHANUR-PO
Line 2	UDAYARPALAYAM-TK,621804
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9600317021
Email	GANDHI1061977@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AQMPG9368H
Passport Number	
Faculty code given by C.O.E.	8205045
Faculty code given by A.I.C.T.E.	1-3194748652
Date of Birth	01-06-1977
Age	47
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	1998	PSNA COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	72.85	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2013	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	77	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	18-07-2015	20-01-2025	9	6	3
			Total	9	6	6

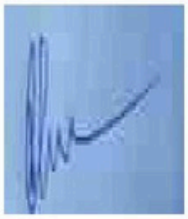
V. Industrial Experience :

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)

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	271611
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. ANAND S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	21B, PON NAGAR STREET, VELAYUTHA NAGAR,
Line 2	JAYANKONDAM, 621802
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9952292353
Email	ANANDSUKUMAR90@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BUSPA7873A
Passport Number	
Faculty code given by C.O.E.	8158066
Faculty code given by A.I.C.T.E.	1-3544822057
Date of Birth	23-08-1989
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.	MECHANICAL ENGINEERING	2011	SHRI ANDAL ALAGAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2017	MEENAKSHI RAMASWAMY ENGINEERING COLLEGE	ANNA UNIVERSITY	76.9	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	01-06-2017	20-01-2025	7	7	20
			Total	7	7	23

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
AVV POWER ENGINEERS PVT LTD	DESIGN ENGINEER	DESIGN AND PLAN	08-06-2011	06-09-2014	3	2	29
				Total	3	2	29

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	600	

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	273710
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. DHARANIVENTHAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3D,KANDATCHI STREET,EDANGANNI
Line 2	EDANGANNI,612904
District	ARIYALUR
Telephone number	-
Mobile number	+91 - 9715718583
Email	DHARANIVENTHAN1@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CCTPD9821K
Passport Number	
Faculty code given by C.O.E.	8158038
Faculty code given by A.I.C.T.E.	1-31888707117
Date of Birth	15-06-1988
Age	36
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.	MECHANICAL ENGINEERING	2013	UNIVERSITY COLLEGE OF ENGINEERING ARIYALUR	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2015	DR.NAVALAR NEDUNCHEZHIYAN COLLEGE OF ENGINEERING	ANNA 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	02-07-2015	20-01-2025	9	6	19
			Total	9	6	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

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)
12		20	300	5

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

Signature of the Faculty :