
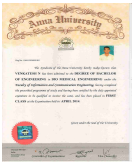



Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	312105
Name of the Department	BIO-MEDICAL
Name of the Degree & Course	B.E.-BIOMEDICAL ENGINEERING
Name of the faculty member	MR. VENKATESH N
Regular Or Adjunct	Regular
Image	 <p>Dr. P. LAWRENCE, M.E., Ph.D. PRINCIPAL P.S.V. COLLEGE OF ENGINEERING & TECHNOLOGY KRISHNAGIRI Dt-635 108</p>
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	17A/48A,T PUTHUPATTI,
Line 2	THIRUMANGALAM,625704
District	MADURAI
Telephone number	-
Mobile number	+91 - 8122902125
Email	VENKATESH1001N@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AXNPV0836B
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44787280944
Date of Birth	31-03-1993
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.	AUTOMOBILE ENGINEERING (SS)	2014	VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	7.9	FIRST CLASS	
P.G.	M.E.	BIOMEDICAL ENGINEERING	2024	G K M COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.3	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
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	06-01-2025	05-02-2025	0	0	31
Total				0	1	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)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

