



Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	289511
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. RAJASEKAR S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	PATTALLAMMAN KOVIL STREET ,THIMMAPURAM ,
Line 2	KRISHNAGIRI
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 6379989477
Email	SAJESEKAR6677@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CIYPR1659A
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-43396446787
Date of Birth	25-07-1992
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	2015	KING COLLEGE OF TECHNOLOGY	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	CONSTRUCTION ENGINEERING AND MANAGEMENT	2018	AMBAL PROFESSIONAL GROUP OF INSTITUTIONS	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
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-01-2023	05-02-2025	2	1	4
Total				2	1	4

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

Signature of the Faculty :

A handwritten signature in dark ink, appearing to be 'S. M. B.', is visible within a rectangular box.