




Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	311385
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. DICKSON DAVID R
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	11/341, SRS NAGAR ,BELLAPALAYAM,
Line 2	SIRUMUGAI,641302
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 6383552008
Email	DICKSONDAVIDENGINEER@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DZRPD4118R
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44732772101
Date of Birth	30-06-1999
Age	26
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	2020	DHIRAJLAL GANDHI COLLEGE OF TECHNOLOGY	ANNA UNIVERSITY	6.4	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2024	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.23	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	09-10-2024	05-02-2025	0	3	28
Total				0	3	29

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 :

A handwritten signature in blue ink, appearing to be 'D. S. S.', is positioned to the right of the text 'Signature of the Faculty :'. The signature is written in a cursive style with a large initial 'D' and a final flourish.