





Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	270720
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. PRAKASH NARAYANAN C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/12E, TPT MAIN ROAD, SIGARALAPALLI, THAPALMEDU
Line 2	BARGUR - 635104
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9442371910
Email	CPRAKASHMCA@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BNAPP7141R
Passport Number	
Faculty code given by C.O.E.	6118069
Faculty code given by A.I.C.T.E.	1-462028011
Date of Birth	01-08-1982
Age	42
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.SC.	OTHERS - COMPUTER SCIENCE	2004	OTHERS - M G R COLLEGE OF ARTS AND SCIENCE	PERIYAR UNIVERSITY	59	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2010	ADHIYAMAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	84	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2007	K S RANGASAMY COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	77	DISTINCT ION	

* 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	14-06-2010	05-02-2025	14	7	22
SAPTHAGIRI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-06-2007	27-06-2008	1	0	24
Total				15	8	19

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		4	500	

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


Signature of the Faculty :