




Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	290626
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. PRAKASAM L
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/132 KOVIL STREET ,MADHANACHERI,
Line 2	VANIYAMBADI,635754
District	TIRUPATHUR
Telephone number	-
Mobile number	+91 - 8667391184
Email	TLSPRAKASAM@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BKTPP9148L
Passport Number	
Faculty code given by C.O.E.	5127238
Faculty code given by A.I.C.T.E.	1-7375108941
Date of Birth	04-06-1989
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2010	GOVERNMENT COLLEGE OF ENGINEERING BARGUR (AUTONOMOUS)	ANNA UNIVERSITY	76	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2013	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	7.4	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
SRI NANDHANAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	21-06-2013	12-12-2016	3	5	22
GOVERNMENT COLLEGE OF ENGINEERING BARGUR (AUTONOMOUS)	ASSISTANT PROFESSOR	15-09-2010	16-09-2011	1	0	2
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	14-06-2019	04-02-2025	5	7	21
SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-01-2017	13-06-2019	2	5	9
Total				12	6	27

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) 3	Central Evaluation (No. of scripts Evaluated) 300	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 :

