




<b>Name of the College</b>	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
<b>Faculty ID</b>	292764
<b>Name of the Department</b>	ELECTRICAL AND ELECTRONICS ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-GENERAL ENGINEERING
<b>Name of the faculty member</b>	MR. AZHAGARASAN L
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	168 A, KEEL PAIYUR ,
Line 2	KRISHANGIRI,635112
<b>District</b>	KRISHNAGIRI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8940401937
<b>Email</b>	L.AZHAGARASAN@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	BOQPA0369P
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	6226052
<b>Faculty code given by A.I.C.T.E.</b>	1-2188108557
<b>Date of Birth</b>	17-05-1989
<b>Age</b>	35
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2010	OTHERS - VELS SRINIVASA ENGINEERING COLLEGE AND TECHNOLOGY	ANNA UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2012	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.2	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
ARIGNAR ANNA INSTITUTE OF SCIENCE AND TECHNOLOGY	ASSISTANT PROFESSOR	22-08-2012	04-05-2013	0	8	14
SHREENIVASA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	19-06-2013	07-09-2023	10	2	19
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	14-09-2023	04-02-2025	1	4	21
<b>Total</b>				<b>12</b>	<b>3</b>	<b>26</b>

**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)
5		4	500	

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

Signature of the Faculty : 