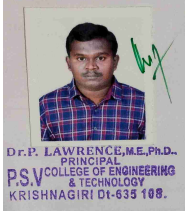

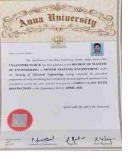


Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	292423
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. VASANTHKUMAR R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	86 CHURCH STREET , THIRUVALLUVAR NAGAR,
Line 2	PALLIKONDA,635809
District	VELLORE
Telephone number	-
Mobile number	+91 - 6380662349
Email	VASANTHKUMAR5095@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	AYLPV5860C
Passport Number	
Faculty code given by C.O.E.	6118311
Faculty code given by A.I.C.T.E.	1-33017067631
Date of Birth	30-01-1996
Age	28
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2017	KINGSTON ENGINEERING COLLEGE	ANNA UNIVERSITY	7.94	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2021	P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.72	DISTINCTION	

* 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	08-08-2022	04-02-2025	2	5	28
Total				2	5	0

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)
-------------------	----------------------------	---	---	--

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

A handwritten signature in blue ink that reads "R. V. Senthikumar". The signature is written in a cursive style and is centered within a rectangular box.

Signature of the Faculty :