



Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	288985
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. GOWTHAMAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/74 KARUPANNUR VILLEGGE AND POST
Line 2	TIRUPATTUR,635602
District	TIRUPATHUR
Telephone number	-
Mobile number	+91 - 9444173315
Email	GOWTHAMDSHS@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	DAXPG2525Q
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44722375904
Date of Birth	05-04-1998
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.	COMPUTER SCIENCE AND ENGINEERING	2019	PRIYADARSHINI ENGINEERING COLLEGE	ANNA UNIVERSITY	6.36	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2022	PRIYADARSHINI ENGINEERING COLLEGE	ANNA UNIVERSITY	8.46	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	12-08-2024	29-01-2025	0	5	18
Total				0	5	20

V. Industrial Experience :

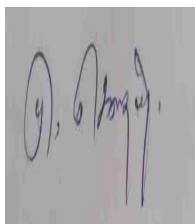
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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)	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 'G. Singh', is visible within a rectangular box.