




Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	292684
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. PUNITHAVEL S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	107, BHARATHI NAGAR ,KANIYAMBADI
Line 2	VELLORE,632102
District	VELLORE
Telephone number	-
Mobile number	+91 - 7904704536
Email	PUNITHAVEL19@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BFNPP9684L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-7357176478
Date of Birth	29-05-1982
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.E.	COMPUTER SCIENCE AND ENGINEERING	2009	OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE UNIVERSITY	OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE UNIVERSITY	9.1	FIRST CLASS	
P.G.	M.E.	OTHERS - NETWORK AND INTERNET ENGINEERING	2014	R.V.S. COLLEGE OF ENGINEERING	ANNA UNIVERSITY	72	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	22-05-2023	29-01-2025	1	8	8
Total				1	8	12

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



Signature of the Faculty :