




<b>Name of the College</b>	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
<b>Faculty ID</b>	266837
<b>Name of the Department</b>	MASTER OF BUSINESS ADMINISTRATION
<b>Name of the Degree &amp; Course</b>	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
<b>Name of the faculty member</b>	MR. VASU R
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	 <p>Dr. P. LAWRENCE, M.E., Ph.D., PRINCIPAL P.S.V. COLLEGE OF ENGINEERING &amp; TECHNOLOGY KRISHNAGIRI DI-635 108.</p>
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	3/90, KALNARASAMPATTI, PUDUPETTAI
Line 2	NATRAMPALLI - 635651
<b>District</b>	TIRUPATHUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 7904901024
<b>Email</b>	VASUMBA992@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	AZWPV0525A
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	6118262
<b>Faculty code given by A.I.C.T.E.</b>	1-3545836942
<b>Date of Birth</b>	07-06-1992
<b>Age</b>	32
<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.B.A.	BUSINESS ADMINISTRATION	2012	OTHERS - SACRED HEART COLLEGE	THIRUVALLUVAR UNIVERSITY	70	FIRST CLASS	
P.G.	M.B.A.	OTHERS - FINANCE MARKETING	2014	SRI NANDHANAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	78	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	03-07-2017	05-02-2025	7	7	3
<b>Total</b>				<b>7</b>	<b>7</b>	<b>6</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**

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b> 3	<b>Central Evaluation (No. of scripts Evaluated)</b> 500	<b>Re-Evaluation (No. of scripts Evaluated)</b> 50
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**

