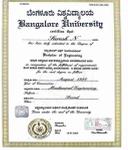


Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	267962
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SURESH N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	18A, DHARMARAJA KOIL STREET
Line 2	TIRUPATTUR - 635601
District	TIRUPATHUR
Telephone number	-
Mobile number	+91 - 9751790097
Email	TDNSURESH@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CGXPS4329D
Passport Number	
Faculty code given by C.O.E.	6118101
Faculty code given by A.I.C.T.E.	1-2190868633
Date of Birth	09-07-1972
Age	52
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.	MECHANICAL ENGINEERING	1998	OTHERS - GOLDEN VALLEY INSTITUTE OF ENGINEERING	OTHERS - BANGALUR UNIVERSITY	56	SECOND CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2007	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	65	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
OTHERS - PRIYADHARSHINI POLYTECHNIC COLLEGE	OTHERS - LECTURER	20-06-2001	20-07-2005	4	1	1
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	19-06-2013	05-02-2025	11	7	17
SRI NANDHANAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-08-2007	18-06-2013	5	10	18
Total				21	7	10

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)
6		3	250	

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



Signature of the Faculty :