

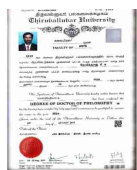



<b>Name of the College</b>	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
<b>Faculty ID</b>	292946
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-TAMIL
<b>Name of the faculty member</b>	DR. GOVINDARAJ C K
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	2/72, CHINNA KURUMATHUR ,
Line 2	VANIYAMBADI, 635752
<b>District</b>	TIRUPATHUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9944225580
<b>Email</b>	GOVINDCK96@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	CLLPG9167J
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	6118322
<b>Faculty code given by A.I.C.T.E.</b>	1-43850767905
<b>Date of Birth</b>	10-05-1979
<b>Age</b>	45
<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.A.	OTHERS - TAMIL	2005	OTHERS - UNIVERSITY OF MADRAS	UNIVERSITY OF MADRAS	54	SECOND CLASS	
P.G.	OTHERS - M.A.	OTHERS - TAMIL	2008	OTHERS - ALAGAPPA UNIVERSITY	ALAGAPPA UNIVERSITY	59	SECOND CLASS	
PH.D.	PH.D.	TAMIL	2019	OTHERS - SACRED HEART COLLEGE	THIRUVALLUVAR UNIVERSITY	AWARDED		
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - TAMIL	2009	OTHERS - VOORSHEES COLLEGE	THIRUVALLUVAR UNIVERSITY	68	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION</b> Score : File :								
<b>II. Title of Ph.D. Thesis</b>					SANGA ILLAKKIYA DRAVIDA IYAKKA VASIPPU			
<b>III. Faculty in which Ph.D. was awarded</b>					FACULTY OF SCIENCE AND HUMANITIES			
<b>IV. Academic Experience : ( Start from the Current working Experience ) *</b>								
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	16-09-2023	05-02-2025	1	4	20		
<b>Total</b>				1	4	22		
<b>V. Industrial Experience :</b>								

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) 150	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 :**

