





<b>Name of the College</b>	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
<b>Faculty ID</b>	295268
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-ENGLISH
<b>Name of the faculty member</b>	MR. ARUL L
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	PICHANOR VILLAGE ,DINDAL POST,
Line 2	KARIMANGALAM,635111
<b>District</b>	DHARMAPURI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9965885969
<b>Email</b>	ARUL398@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	MBC
<b>PAN Number</b>	BZZPA4351B
<b>Passport Number</b>	
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	1-44731847968
<b>Date of Birth</b>	25-05-1990
<b>Age</b>	34
<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.	ENGLISH	2012	OTHERS - KAMADHE NU ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSITY	58.46	SECOND CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2015	OTHERS - DONBOSC O ARTS AND SCIENCE	PERIYAR UNIVERSITY	64.72	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - ENGLISH	2019	OTHERS - KRISHNA ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSITY	80.92	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	04-11-2024	05-02-2025	0	3	2
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	04-02-2019	28-12-2021	2	10	24
<b>Total</b>				3	1	27

**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>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**

