





Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	295209
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MR. ASHOK CHAKKARAVATHI S
Regular Or Adjunct	Regular
Image	 <p>Dr.P. LAWRENCE,M.E.,Ph.D., PRINCIPAL P.S.V. COLLEGE OF ENGINEERING & TECHNOLOGY KRISHNAGIRI Dt-635 108.</p>
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	72/18,ARASAMARA STREET,
Line 2	TIRUPATTUR,635601
District	TIRUPATHUR
Telephone number	-
Mobile number	+91 - 9865836246
Email	ASHOK.PSV@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AVRPA4375L
Passport Number	
Faculty code given by C.O.E.	6118001
Faculty code given by A.I.C.T.E.	1-462027983
Date of Birth	30-06-1981
Age	43
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.SC.	OTHERS - PHYSICS	2002	OTHERS - SACRED HEART COLLEGE	UNIVERSITY OF MADRAS	68	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2006	OTHERS - SACRED HEART COLLEGE	THIRUVALLUVAR UNIVERSITY	71	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - PHYSICS	2008	OTHERS - BHARATH IDASAN UNIVERSITY	BHARATH IDASAN 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	02-07-2008	05-02-2025	16	7	4
Total				16	7	7

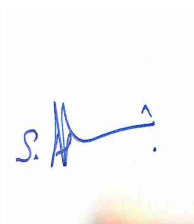
V. Industrial Experience :

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 :