




Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	286182
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. KARTHICK R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/29, MARICHETTIHALLI POST AND VILLEGE
Line 2	KRISHNAGIRI,635204
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9655521631
Email	KARTHICK3655@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	FPCPK4532R
Passport Number	
Faculty code given by C.O.E.	6118305
Faculty code given by A.I.C.T.E.	1-7460465788
Date of Birth	10-04-1992
Age	32
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 - MATHEMATICS	2012	OTHERS - ARIGNAR ANNA ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSITY	70.31	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2015	OTHERS - GOVT ARIGNAR ANNA ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSITY	66.67	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2016	OTHERS - MUTHAYAMMAL ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSITY	81	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	25-11-2021	05-02-2025	3	2	11
VARUVAN VADIVELAN INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	02-07-2018	23-09-2019	1	2	22
Total				4	5	5


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) 300	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 :