





Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	287783
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. PUSHPARAJAN D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/15 SANTHAKUPPAM VILLAGE, KANDILI POST
Line 2	TIRUPATTUR, 635901
District	TIRUPATHUR
Telephone number	-
Mobile number	+91 - 9965639785
Email	DPUSHPARAJANMATHS1988@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CCGPP5477G
Passport Number	
Faculty code given by C.O.E.	6118288
Faculty code given by A.I.C.T.E.	1-3546458163
Date of Birth	07-06-1988
Age	36
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	2008	OTHERS - SACRED HEART COLLEGE	THIRUVALLUVAR UNIVERSITY	66.4	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2011	OTHERS - SACRED HEART COLLEGE	THIRUVALLUVAR UNIVERSITY	79	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2012	OTHERS - SACRED HEART COLLEGE	THIRUVALLUVAR UNIVERSITY	89.5	DISTINCTION	

* 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
SRI VENKATESWARAA COLLEGE OF TECHNOLOGY	ASSISTANT PROFESSOR	03-08-2012	27-05-2017	4	9	25
P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	03-07-2017	05-02-2025	7	7	3
Total				12	4	1

V. Industrial Experience :

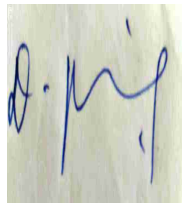
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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			500	50

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



Signature of the Faculty :