





Name of the College	6118 - P.S.V.COLLEGE OF ENGINEERING AND TECHNOLOGY
Faculty ID	289023
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MR. ROZARIO VINNARASU A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/24 INDIRA NAGAR, KANDHIKUPPAM
Line 2	KRISHNAGIRI,635108
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 8144135558
Email	ROSE.WINNER03@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AOSPR0411A
Passport Number	
Faculty code given by C.O.E.	6118034
Faculty code given by A.I.C.T.E.	1-9316481439
Date of Birth	21-05-1986
Age	38
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.A.	ENGLISH	2009	ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	52.6	SECOND CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2017	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARAR UNIVERSITY	62	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - ENGLISH	2020	OTHERS - KRISHNA ARTS AND SCIENCE	PERIYAR UNIVERSITY	66	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	01-08-2018	05-02-2025	6	6	5
Total				6	6	8

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)
		1	250	

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



Signature of the Faculty :