







**Anna University, Chennai
S.K.P. Engineering College - 5122**

Consolidated_Report

13.faculty

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	289839
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	M.E.-VLSI DESIGN
Name of the faculty member	DR. BASKARAN S
Regular Or Adjunct	Regular
Image	
Present Designation	PRINCIPAL
Residential Address Line 1	71, CSS COMPLEX RAJAJRAJN STREET
Line 2	TIRUVANNAMALAI 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9894335620
Email	PRINCIPAL@SKPEC.IN
Gender	MALE
Community	BC
PAN Number	ARBPB2773K
Passport Number	
Faculty code given by C.O.E.	512053
Faculty code given by A.I.C.T.E.	1-413788857
Date of Birth	04-08-1982
Age	42
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2003	S.K.P. ENGINEERING COLLEGE	UNIVERSITY OF MADRAS	65	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2005	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	68	FIRST CLASS	
PH.D.	PH.D.	VLSI DESIGN	2018	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

MODELLING AND SIMULATION OF GAN BASED HEMT FOR HIGH POWER AND HIGH FREQUENCY APPLICATIONS

III. Faculty in which Ph.D. was awarded

FACULTY OF INFORMATION AND COMMUNICATION ENGINEERING

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
S.K.P. ENGINEERING COLLEGE	PROFESSOR	01-12-2015	16-11-2024	8	11	16
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-12-2010	30-11-2015	4	11	31
S.K.P. ENGINEERING COLLEGE	OTHERS - LECTURER	01-12-2005	30-11-2010	4	11	31
Total				18	11	24


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) 60	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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	301031
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	M.E.-STRUCTURAL ENGINEERING
Name of the faculty member	DR. VINOTHAN K G
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	7/104, MITTUR
Line 2	635710
District	TIRUPATHUR
Telephone number	-
Mobile number	+91 - 7904018372
Email	PADLOVE@YAHOO.COM
Gender	MALE
Community	BC
PAN Number	APBPV5685E
Passport Number	
Faculty code given by C.O.E.	5123005
Faculty code given by A.I.C.T.E.	1-1337786948
Date of Birth	27-05-1985
Age	39
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.TECH.	OTHERS - CIVIL ENGINEERING	2007	OTHERS - VIT UNIVERSITY	OTHERS - VIT UNIVERSITY	6.6	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2010	OTHERS - VMKV ENGINEERING COLLEGE	OTHERS - VINAYAGA MISSION UNIVERSITY	69	FIRST CLASS	
PH.D.	PH.D.	STRUCTURAL ENGINEERING	2019	OTHERS - KARPAGAM ACADEMY OF HIGHER EDUCATION	OTHERS - KARPAGAM ACADEMY OF HIGHER EDUCATION	NA		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

STUDY OF STRUCTURAL BEHAVIOUR OF POZZOLANIC CONCRETE

III. Faculty in which Ph.D. was awarded

FACULTY OF CIVIL ENGINEERING

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
BHARATHIDASAN ENGINEERING COLLEGE	OTHERS - LECTURER	22-12-2010	29-05-2012	1	5	8
S K P INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	20-06-2012	31-12-2013	1	6	11
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	19-12-2016	31-07-2019	2	7	13
S.K.P. ENGINEERING COLLEGE	PROFESSOR	01-08-2019	21-11-2024	5	3	21
OTHERS - VINAYAGA MISSIONS	ASSISTANT PROFESSOR	01-06-2010	26-11-2010	0	5	26
S K P INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	01-01-2014	18-12-2016	2	11	18
Total				14	4	10

V. Industrial Experience :

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

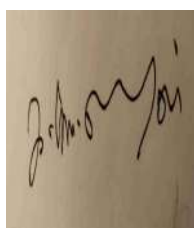
VI. C.O.E. Appointment Experience :


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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	292799
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	DR. PURUSHOTHAMAN N
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	15, SANTHAI TOPPU STREET, SIRUKADAMBUR
Line 2	GINGEE, 604202
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 7598009129
Email	BHARATHPRABU09@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AYHPP5639D
Passport Number	J5224080
Faculty code given by C.O.E.	5122261
Faculty code given by A.I.C.T.E.	1-404510101
Date of Birth	10-05-1982
Age	42
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.E.	COMPUTER SCIENCE AND ENGINEERING	2003	THIRUVALUVAR COLLEGE OF ENGINEERING AND TECHNOLOGY	UNIVERSITY OF MADRAS	72	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2006	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	75	FIRST CLASS	
PH.D.	PH.D.	COMPUTER SCIENCE AND ENGINEERING	2011	OTHERS - SINGHANIA UNIVERSITY	OTHERS - SINGHANIA UNIVERSITY	NOT APPLICABLE		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

A STUDY OF COMMUNICATION PROTOCOL IN SENSOR NETWORK

III. Faculty in which Ph.D. was awarded

FACULTY OF INFORMATION AND COMMUNICATION ENGINEERING

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
S.K.P. ENGINEERING COLLEGE	OTHERS - LECTURER	06-07-2006	31-05-2011	4	10	26
S.K.P. ENGINEERING COLLEGE	PROFESSOR	01-09-2013	15-11-2024	11	2	15
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2011	31-08-2013	2	2	30
Total				18	4	13

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) 6	External Examiner (Practical) (No. of days) 4	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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291910
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	DR. KARTHIKEYAN S
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	NO.120, CHINNAKADAI STREET,
Line 2	TIRUVANNAMALAI, 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9489067728
Email	KARTHIKSKPEC@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	BNOPK2823F
Passport Number	
Faculty code given by C.O.E.	5122278
Faculty code given by A.I.C.T.E.	1-413860551
Date of Birth	09-12-1975
Age	49
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.COM.	COMMERCE	1996	OTHERS - NATIONAL COLLEGE	BHARATH IDASAN UNIVERSITY	59	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	1998	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	63	FIRST CLASS	
PH.D.	PH.D.	OTHERS - ECOMMERCE	2011	OTHERS - SINGANIA UNIVERSITY	OTHERS - SINGANIA UNIVERSITY	N		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	EFFECT OF ELECTRONICS BUSINESS ON ORGANIZATION
III. Faculty in which Ph.D. was awarded	FACULTY OF MANAGEMENT
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
S.K.P. ENGINEERING COLLEGE	PROFESSOR	05-12-2001	13-11-2024	22	11	9
Total				22	11	14

V. Industrial Experience :	
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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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291491
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	DR. SENTHIL M
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	1/167 REDDIAR STREET
Line 2	MELMALYANANUR , 604204
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 9841146784
Email	SENTHIL.WISEMAN@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	BMTPS0433F
Passport Number	
Faculty code given by C.O.E.	5122119
Faculty code given by A.I.C.T.E.	1-1421245923
Date of Birth	10-04-1981
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.E.	COMPUTER SCIENCE AND ENGINEERING	2003	V.R.S. COLLEGE OF ENGINEERING AND TECHNOLOGY	UNIVERSITY OF MADRAS	59	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2006	OTHERS - BHARATH UNIVERSITY	OTHERS - BHARATH UNIVERSITY	81	FIRST CLASS	
PH.D.	PH.D.	INFORMATION TECHNOLOGY	2011	OTHERS - BHARATH UNIVERSITY	OTHERS - BHARATH UNIVERSITY	75		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

STATISTICAL CHARACTERISTICS OF TCP/IP PACKETS IN LAN AND ITS IMPACT ON NETWORK PERFORMANCE

III. Faculty in which Ph.D. was awarded

FACULTY OF INFORMATION AND COMMUNICATION ENGINEERING

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
S.K.P. ENGINEERING COLLEGE	PROFESSOR	22-06-2012	13-11-2024	12	4	22
OTHERS - BHARATH ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2006	30-05-2007	0	11	29
Total				13	4	23

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
MAPLES ESM TECHNOLOGIES	CORPORATE TRAINER	TRAINING	07-06-2007	20-06-2012	5	0	14
Total					5	0	14

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) 20	Central Evaluation (No. of scripts Evaluated) 20	Re-Evaluation (No. of scripts Evaluated) 10
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	292036
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	DR. RAJI V
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	NO.4/76, BOOBALAN STREET, VILLUPURAM
Line 2	605602
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 9944951563
Email	RAJI.VPM@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AMVPR0409B
Passport Number	
Faculty code given by C.O.E.	5122125
Faculty code given by A.I.C.T.E.	1-404262277
Date of Birth	11-02-1982
Age	42
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.C.A.	COMPUTER APPLICATIONS	2002	OTHERS - BHARATHI ARTS AND SCIENCE	UNIVERSITY OF MADRAS	61	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2008	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	76	DISTINCTION	
PH.D.	PH.D.	COMPUTER SCIENCE AND ENGINEERING	2016	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	81		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis


TOWARDS AN EFFECTIVE STATELESS AND OPPORTUNISTIC QUALITY OF SERVICES ROUTING FOR SUPPORTING MULTIMEDIA APPLICATIONS IN MANET


III. Faculty in which Ph.D. was awarded




FACULTY OF INFORMATION AND COMMUNICATION ENGINEERING

**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
OTHERS - ARGINAR ANNA ARTS COLLEGE	OTHERS - LECTURER	05-01-2004	30-12-2005	1	11	26
S.K.P. ENGINEERING COLLEGE	PROFESSOR	04-08-2008	13-11-2024	16	3	10
OTHERS - K C S KASINADAR ARTS AND SCIENCE COLLEGE	OTHERS - LECTURER	02-01-2006	30-06-2006	0	5	30
Total				18	9	10

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) 5	Central Evaluation (No. of scripts Evaluated) 5	Re-Evaluation (No. of scripts Evaluated) 5			
It is certified that all the information provided are true to the best of my knowledge.							
Signature of the Faculty :							

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	293032
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	DR. SRIDEVI R
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	NO 108/897, ANNAI INDIRA NAGAR EAST, VENGIKKAL POST
Line 2	606604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9789671159
Email	SRISUHAR06@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	COYPS4293F
Passport Number	
Faculty code given by C.O.E.	5122080
Faculty code given by A.I.C.T.E.	1-409804985
Date of Birth	29-12-1976
Age	48
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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	1998	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	65.73	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2007	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	75.0	FIRST CLASS	
PH.D.	PH.D.	ELECTRICAL AND ELECTRONICS ENGINEERING	2020	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	NON INVASIVE PROCEDURE FOR PERFORMANCE EVALUATION OF INDUCTION MACHINES
III. Faculty in which Ph.D. was awarded	FACULTY OF ELECTRICAL ENGINEERING
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
S.K.P. ENGINEERING COLLEGE	OTHERS - LECTURER	29-11-2000	30-06-2005	4	7	2
S.K.P. ENGINEERING COLLEGE	PROFESSOR	21-06-2012	14-11-2024	12	4	24
OTHERS - KUMARAN POLYTECHNIC COLLEGE	OTHERS - LECTURER	02-11-1998	21-04-1999	0	5	20
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2007	20-06-2012	5	0	20
Total				22	6	9

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) 2	Central Evaluation (No. of scripts Evaluated) 200	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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	290523
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	M.E.-POWER SYSTEMS ENGINEERING
Name of the faculty member	DR. RAJENDRAN ELUMALAI
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	NO.45,SOUTH STREET, PATTIYANDAI VILLAGE, VEERALUR POST, KALASAPPAKAM TALUK, TIRUVANNAMALAI
Line 2	606901
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9865563180
Email	RAJENDRANVG1320@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	ARNPR3924L
Passport Number	
Faculty code given by C.O.E.	5122242
Faculty code given by A.I.C.T.E.	1-412361104
Date of Birth	13-04-1983
Age	41
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.E.	ELECTRIC AL AND ELECTRONICS ENGINEERING	2005	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	72.34	FIRST CLASS	
P.G.	M.TECH.	OTHERS - POWER ELECTRONICS AND DRIVES	2007	OTHERS - VIT UNIVERSITY	OTHERS - VIT UNIVERSITY	7.44	FIRST CLASS	
PH.D.	PH.D.	ELECTRIC AL ENGINEERING	2019	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.25		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

IMPROVEMENT OF POWER QUALITY FOR GRID CONNECTED WIND ENERGY CONVERSION SYSTEM USING PMSG AND Z SOURCE INVERTER

III. Faculty in which Ph.D. was awarded

FACULTY OF ELECTRICAL ENGINEERING

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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	18-06-2008	30-06-2012	4	0	13
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-07-2012	30-06-2022	9	11	31
S.K.P. ENGINEERING COLLEGE	PROFESSOR	01-06-2022	13-11-2024	2	5	13
Total				16	5	0

V. Industrial Experience :

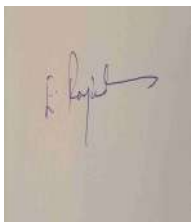
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


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) 7	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294181
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	DR. SUVITHA A
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	148/10, MARIYAMANKOIL STREET, 12TH CROSS
Line 2	TIRUVANNAMALAI 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8248432267
Email	SUVITHAA@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	AIBPA1393B
Passport Number	
Faculty code given by C.O.E.	3118408
Faculty code given by A.I.C.T.E.	1-219198518
Date of Birth	15-09-1976
Age	48
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 - CHEMISTRY	1998	OTHERS - GANDHIGRAM RURAL INSTITUTE	OTHERS - GANDHIGRAM DEEMED UNIVERSITY	81	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMICAL SCIENCES	2001	OTHERS - PONDICHERRY UNIVERSITY	PONDICHERRY UNIVERSITY	69.8	SECOND CLASS	
PH.D.	PH.D.	CHEMISTRY	2007	OTHERS - IIT MADRAS	INDIAN INSTITUTE OF TECHNOLOGY MADRAS	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

SYNTHESIS AND CHARACTERIZATION OF HEXACOORDINATE SILICATES OF 23NAPHTHALENE DIOL

III. Faculty in which Ph.D. was awarded

OTHERS

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
OTHERS - SASTRA DEEMED UNIVERSITY	ASSISTANT PROFESSOR	30-06-2014	10-12-2020	6	5	11
OTHERS - THASSIM BEEVI ABDUL KADER COLLEGE	ASSOCIATE PROFESSOR	21-07-2021	28-04-2023	1	9	8
MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)	PROFESSOR	16-08-2023	28-06-2024	0	10	13
RAMCO INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	16-05-2013	16-05-2014	1	0	1
OTHERS - CAUVERY COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	14-08-2012	14-05-2013	0	9	1
Total				10	10	10

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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291038
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. KUBERAN J
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	NO.31, MARIAMMAN KOIL STREET, ROSHANAI
Line 2	TINDIVANAM, 604001
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 9443893552
Email	HODMECH@SKPEC.IN
Gender	MALE
Community	SC
PAN Number	AYIPK8685M
Passport Number	
Faculty code given by C.O.E.	5122004
Faculty code given by A.I.C.T.E.	1-1413139085
Date of Birth	23-02-1974
Age	50
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.E.	MECHANICAL ENGINEERING	1996	ADHIPAR ASAKTHI ENGINEERING COLLEGE	UNIVERSITY OF MADRAS	65.7	FIRST CLASS	
P.G.	M.TECH.	OTHERS - ENERGY TECHNOLOGY	2004	OTHERS - PONDICHERRY ENGINEERING COLLEGE	PONDICHERRY UNIVERSITY	7.32	FIRST CLASS	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2011	OTHERS - SINGHANIA UNIVERSITY	OTHERS - SINGHANIA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

A STUDY OF MICROFLUIDICS CHIP AND ION MOBILITY SPECTROMETRY

III. Faculty in which Ph.D. was awarded

FACULTY OF MECHANICAL ENGINEERING

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
S.K.P. ENGINEERING COLLEGE	PROFESSOR	30-08-2001	13-11-2024	23	2	15
Total				23	2	16

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	6	3	400	50

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



Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	292137
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	DR. BINCYSUSAN JACOB
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	6/21 6 TH STREET, GANDHI NAGAR
Line 2	TIRUVANNAMALAI
District	TIRUVANNAMALAI
Telephone number	04175 - 253153
Mobile number	+91 - 9487472833
Email	BINCYSJ@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	AFRPJ0342L
Passport Number	
Faculty code given by C.O.E.	5122174
Faculty code given by A.I.C.T.E.	1-421877461
Date of Birth	09-03-1976
Age	48
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	1996	OTHERS - ST ALOYSIUS COLLEGE	OTHERS - MAHATMA GANDHI UNIVERSITY	75	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	1998	OTHERS - KE COLLEGE KERALA	OTHERS - MAHATMA GANDHI UNIVERSITY	56	SECOND CLASS	
P.G.	OTHERS - M. PHIL	OTHERS - PHYSICS	2002	OTHERS - MANONMANIUM SUNDARAN UNIVERSITY	MANOMANIAM SUNDARAN UNIVERSITY	64	FIRST CLASS	
PH.D.	PH.D.	PHYSICS	2017	OTHERS - BHARATHIYAR UNIVERSITY	BHARATHIYAR UNIVERSITY	NA		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

GROWTH AND CHARACTERIZATION OF PURE AND AMINO ACID METAL IONS RARE EARTH IONS DOPED ZINE TRIS THIOUREA SULPHATE ZTS

III. Faculty in which Ph.D. was awarded

OTHERS

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
S.K.P. ENGINEERING COLLEGE	PROFESSOR	28-11-2011	13-11-2024	12	11	16
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-06-2001	31-05-2006	4	11	21
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-06-2006	27-11-2011	5	5	27
Total				23	5	7

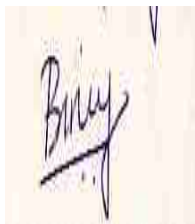
V. Industrial Experience :

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) 5	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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	292964
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	M.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	DR. VIJAYAKUMAR K
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	70/100,BIG STREET,
Line 2	TIRUVANNAMALAI 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9443437655
Email	VIJAYKTVM@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AHIPV0044Q
Passport Number	
Faculty code given by C.O.E.	5122141
Faculty code given by A.I.C.T.E.	1-412302499
Date of Birth	24-07-1975
Age	49
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
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2009	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	76.05	FIRST CLASS	
PH.D.	PH.D.	OTHERS - CMJ UNIVERSITY	2013	OTHERS - CMJ UNIVERSITY	OTHERS - CMJ UNIVERSITY	N		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

SECURITY THROUGH AD HOC NETWORK FOR UBIQUITIOUS TECHNOLOGIES IN COMPUTING

III. Faculty in which Ph.D. was awarded

FACULTY OF INFORMATION AND COMMUNICATION ENGINEERING

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
MAILAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	28-06-2004	30-06-2006	2	0	3
S.K.P. ENGINEERING COLLEGE	PROFESSOR	06-07-2006	14-11-2024	18	4	9
ADHIPARASAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-05-2000	30-04-2003	2	11	27
OTHERS - SHANMUGHA INDUSTRIES ARTS AND SCIENCE COLLEGE	OTHERS - LECTURER	01-05-2003	31-05-2004	1	0	31
Total				24	5	12

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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	290854
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. MUTHAZHAGAN C
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	NO.55/19A, RAMALINGANAR MAIN STREET
Line 2	TIRUVANNAMALAI, 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9865572384
Email	JEEVAMUDHAN1969@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BCHPM6124P
Passport Number	
Faculty code given by C.O.E.	5122005
Faculty code given by A.I.C.T.E.	1-1413139133
Date of Birth	12-05-1969
Age	55
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.E.	MECHANICAL ENGINEERING	1993	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	60	SECOND CLASS	
P.G.	M.E.	COMPUTER AIDED DESIGN	2005	OTHERS - SATHYABAMA UNIVERSITY	OTHERS - SATHYABAMA 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
SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	29-06-2006	22-05-2007	0	10	24
S.K.P. ENGINEERING COLLEGE	PROFESSOR	21-06-2007	13-11-2024	17	4	23
Total				18	3	19

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 Examination 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)
36	5	50	750	200

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



Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	302106
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	M.E.-VLSI DESIGN
Name of the faculty member	MR. RAJKUMAR G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	3 RD STREET, SAMBUVARYAR NAGAR, SO KILNACHIPATTU,
Line 2	606611, TIRUVANNAMALAI
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9942371644
Email	RAJKUMARSAC@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ANMPR3392M
Passport Number	
Faculty code given by C.O.E.	5123040
Faculty code given by A.I.C.T.E.	1-2315649870
Date of Birth	19-12-1984
Age	40
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2008	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	77	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2011	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.6	FIRST CLASS	

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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
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-07-2019	22-11-2024	5	4	22
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2016	30-06-2019	2	11	31
S K P INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2011	30-06-2016	4	11	31
Total				13	4	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**



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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	290000
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. DINESH PRABU V K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	NO 15,ALAMELUPURAM MAMBALAPATTU ROAD VILLUPURAM
Line 2	605602
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 9952656528
Email	DINESHPRABUVK1228@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ALAPD6626N
Passport Number	
Faculty code given by C.O.E.	5122084
Faculty code given by A.I.C.T.E.	1-410924651
Date of Birth	28-03-1980
Age	44
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.E.	ELECTRIC AL AND ELECTRONICS ENGINEERING	2002	MAILAM ENGINEERING COLLEGE	UNIVERSITY OF MADRAS	75.2	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2007	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	79.0	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-06-2007	30-06-2012	5	0	10
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-07-2012	18-11-2024	12	4	18
Total				17	4	0

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)
7		4	300	50

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

V.K. DINESH PRABU

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294983
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. SATHISH KUMAR S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	NO.111, MARIYAMMANKOVIL STREET, KURUMBAPALAYAM VILLAGE, NELVOY POST, VELLORE
Line 2	632011
District	VELLORE
Telephone number	-
Mobile number	+91 - 8428475959
Email	SATHISHKUMARME10@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	EHDPS9906R
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-12345678911
Date of Birth	04-06-1982
Age	42
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.E.	MECHANICAL ENGINEERING (AUTOMOBILE)	2006	C.ABDUL HAKEEM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2012	THANTHAI PERIYAR GOVERNMENT INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	7.89	FIRST CLASS	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2023	KARPAGAM COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	7.9		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

FABRICATION AND CHARACTERIZATION OF EPOXY BASED BIOCOMPOSITES USING PRICKLY PEAR FIBRE AND CORNCOB BIOSILICA


III. Faculty in which Ph.D. was awarded

FACULTY OF MECHANICAL ENGINEERING



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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	12-07-2012	28-12-2022	10	5	17
SREE KRISHNA COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	10-01-2023	09-09-2023	0	7	31
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	06-12-2023	14-11-2024	0	11	9
Total				12	0	28

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) 20	Central Evaluation (No. of scripts Evaluated) 1000	Re-Evaluation (No. of scripts Evaluated) 200		
It is certified that all the information provided are true to the best of my knowledge.						
<div style="text-align: center; margin-bottom: 10px;">  </div> Signature of the Faculty :						

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	290453
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	M.E.-POWER SYSTEMS ENGINEERING
Name of the faculty member	MR. SURESH V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	7,VELLAIZHA STREET,RETTANAI POST
Line 2	604306
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 9677557173
Email	SKSURESHV067@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CPHPS5596F
Passport Number	
Faculty code given by C.O.E.	5122087
Faculty code given by A.I.C.T.E.	1-1412361160
Date of Birth	10-10-1983
Age	41
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.E.	ELECTRONICS AND INSTRUMENTATION ENGINEERING	2005	OTHERS - VINAYAGA MISSIONS ENGINEERING COLLEGE SALEM	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2012	SREE SASTHA INSTITUTE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.10	SECOND 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		
OTHERS - SRI PADMAVATHY ENGINEERING COLLEGE	OTHERS - LECTURER	15-06-2006	15-05-2008	1	11	1		
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-06-2012	30-06-2012	0	0	26		
S.K.P. ENGINEERING COLLEGE	OTHERS - LECTURER	03-07-2009	30-05-2011	1	10	28		
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-07-2012	13-11-2024	12	4	13		
Total				16	3	10		
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) 5	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 3	Central Evaluation (No. of scripts Evaluated) 6	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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	308558
Name of the Department	CHEMISTRY
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING (ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING)
Name of the faculty member	MRS. KALPANA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	NO 1/15 ,ALAMELUPURAM, MAMBALAPATTU ROAD
Line 2	VILLUPURAM - 605602
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 9626677109
Email	KALPANADINESH29@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BDEPK4782P
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1342675896
Date of Birth	12-02-1983
Age	41
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 - CHEMISTRY	2004	OTHERS - BHARATHI DASAN ARTS AND SCIENCE COLLEGE FOR WOMEN	BHARATHI DASAN UNIVERSITY	72.0	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2006	OTHERS - BHARATHI DASAN ARTS AND SCIENCE COLLEGE FOR WOMEN	BHARATHI DASAN UNIVERSITY	72.8	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - CHEMISTRY	2008	OTHERS - BHARATHI DASAN UNIVERSITY	BHARATHI DASAN UNIVERSITY	74	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
IFET COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSOCIATE PROFESSOR	18-01-2013	30-04-2017	4	3	14
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	17-09-2007	01-06-2012	4	8	15
THIRUVALLUVAR COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	09-08-2006	13-09-2007	1	1	5
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	05-06-2024	28-11-2024	0	5	24
Total				10	6	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)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291772
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	DR. PRADEEP PALANI
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	91A, AMBEDKAR STREET
Line 2	POLUR ROAD, TIRUVANNAMALAI 606601
District	TIRUVANNAMALAI
Telephone number	04175 - 252633
Mobile number	+91 - 9600296403
Email	PRADEEP_PALANI@SKPEC.IN
Gender	MALE
Community	SC
PAN Number	ARJPP2552L
Passport Number	
Faculty code given by C.O.E.	5122075
Faculty code given by A.I.C.T.E.	1-413860559
Date of Birth	14-06-1982
Age	42
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 - MATHS	2003	OTHERS - SIES	OTHERS - MUMBAI UNIVERSITY	55	SECOND CLASS	
P.G.	M.B.A.	OTHERS - MARKETING	2005	OTHERS - GNIMS	OTHERS - MUMBAI UNIVERSITY	60.41	FIRST CLASS	
PH.D.	PH.D.	MASTER OF BUSINESS ADMINISTRATION	2013	OTHERS - CMJ UNIVERSITY	OTHERS - CMJ UNIVERSITY	N		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File : 

II. Title of Ph.D. Thesis

MARKETING STRATEGIES OF COMMERCIAL AND COOPERATIVE BANKS AND ROLE OF BANKING IN TAMILNADU

III. Faculty in which Ph.D. was awarded

FACULTY OF MANAGEMENT

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
S.K.P. ENGINEERING COLLEGE	OTHERS - LECTURER	09-02-2009	31-05-2012	3	3	20
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	02-01-2013	28-11-2024	11	10	27
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2012	01-01-2013	0	7	1
Total				15	9	23

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
KILBURN OFFICE AUTOMATION LTD	EXECUTIVE	CORPORATE SALES	06-07-2005	31-01-2009	3	6	26
Total					3	6	28

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days) 7	Squad Member (No. of days) 2	External Examiner (Practical) (No. of days) 7	Central Evaluation (No. of scripts Evaluated) 290	Re-Evaluation (No. of scripts Evaluated) 75
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291148
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. VENKATESH K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	NO.22A, MELMUDIYANUR VILLAGE
Line 2	CHENGAM, 606704
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9486535576
Email	VENKATRAVI.1977@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AHQPV2461D
Passport Number	
Faculty code given by C.O.E.	5122012
Faculty code given by A.I.C.T.E.	1-1413139303
Date of Birth	17-04-1977
Age	47
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.E.	MECHANICAL ENGINEERING	1998	ARUNAI ENGINEERING COLLEGE	UNIVERSITY OF MADRAS	67	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2014	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.92	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
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	14-06-2004	13-11-2024	20	4	30
Total				20	4	2

V. Industrial Experience :


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
JK ENTERPRISES	QUALITY	INSPECTION	05-08-1999	30-09-2000	1	1	27
SREE ARUNACHALESWARAR AGENCIES	MANAGER	SALES	02-10-2000	11-06-2004	3	8	10
Total					4	10	10




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) 6	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 3	Central Evaluation (No. of scripts Evaluated) 200	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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291619
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. DHANASEKAR S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	NO 771/18 GANESH NAGAR,
Line 2	VENGIKKAL
District	TIRUVANNAMALAI
Telephone number	04175 - 2522633
Mobile number	+91 - 9840517725
Email	DHANASEKARMATHS@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	AUIPD8235G
Passport Number	
Faculty code given by C.O.E.	5122164
Faculty code given by A.I.C.T.E.	1-421110567
Date of Birth	25-11-1982
Age	42
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	2004	OTHERS - GOVERNMENT ARTS AND SCIENCE COLLEGE TIRUVANNAMALAI	OTHERS - UNIVERSITY OF MADRAS	63.01	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2006	OTHERS - MADRAS CHRISTIAN COLLEGE TAMBARAM	UNIVERSITY OF MADRAS	80.55	FIRST CLASS	
OTHERS - M. PHIL	OTHERS - M. PHIL	OTHERS - MATHEMATICS	2009	OTHERS - MADRAS CHRISTIAN COLLEGE TAMBARAM	UNIVERSITY OF MADRAS	89.01	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score : 0

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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	17-09-2007	01-07-2018	10	9	15
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	02-07-2018	13-11-2024	6	4	12
Total				17	1	28


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) 2	Squad Member (No. of days) 2	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 250	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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	295825
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. SUNDARRAJ MOORTHY
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	NEW NO.83, OLD NO. 34/19. BAVAJI NAGAR
Line 2	606603
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9940702600
Email	SUNDARRAJEMAIL@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CRMPS5597K
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-12345678911
Date of Birth	12-05-1990
Age	34
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.E.	MECHANICAL ENGINEERING	2011	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	74	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2014	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	82	FIRST CLASS	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2022	VEL TECH	OTHERS - VELTECH RANGARAJAN DR SAGUNTA HALAR AND INSTITUTE OF SCIENCE AND TECHNOLOGY	70		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

CONVERSION OF WASTE PLASTICS INTO LIQUIFIED FUEL BY TITANIUM BASED CATALYST


III. Faculty in which Ph.D. was awarded


FACULTY OF MECHANICAL ENGINEERING



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
VEL TECH	ASSISTANT PROFESSOR	23-06-2015	10-11-2022	7	4	18
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-11-2024	14-11-2024	0	0	14
Total				7	5	4

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)			
It is certified that all the information provided are true to the best of my knowledge.							
<div style="text-align: center; margin-bottom: 10px;">  </div> <div> Signature of the Faculty : </div>							

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	290541
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	M.E.-POWER SYSTEMS ENGINEERING
Name of the faculty member	MR. KARUNAKARAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	384, PILLAIYAR KOVIL STREET, METTUKARKONAM VILL, KARKONAM POST
Line 2	THIRUVANNAMALAI TALUK, 606751
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9894957346
Email	KARAN.MK@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BUBPK8594F
Passport Number	
Faculty code given by C.O.E.	5122100
Faculty code given by A.I.C.T.E.	1-412361108
Date of Birth	01-07-1981
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.E.	ELECTRIC AL AND ELECTRONICS ENGINEERING	2007	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	CONTROL SYSTEMS	2009	P S G COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	22-06-2009	20-06-2012	2	11	29
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	21-06-2012	13-11-2024	12	4	23
Total				15	4	24

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) 6	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 5	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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	301295
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. MARUTHACHALAM G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	#135 BYE PASS ROAD,
Line 2	TIRUVANNAMALAI,606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9994062797
Email	MARUTHU.4U@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BKMPPM2996N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-404262278
Date of Birth	18-04-1985
Age	39
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2006	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2011	ARUNAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.5	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
ARUNAI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	24-01-2008	30-08-2009	1	7	7
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-11-2024	21-11-2024	0	0	21
ARUNAI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-05-2011	26-12-2020	9	7	26
Total				11	3	26

V. Industrial Experience :


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
ARUNAI MEDICAL COLLEGE AND HOSPITAL	ADMINISTRATIVE OFFICER	ADMINISTRATION	01-01-2021	25-10-2024	3	9	25
Total					3	9	28


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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291921
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. SANKARAN L
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	43,SARKARAI STREET, NERINJIPPETTAI POST, ANTHIYUR TALUK
Line 2	ERODE DISTRICT , 638311
District	ERODE
Telephone number	-
Mobile number	+91 - 9994707529
Email	SANKARA_7CS@YAHOO.CO.IN
Gender	MALE
Community	MBC
PAN Number	COYPS1558H
Passport Number	
Faculty code given by C.O.E.	5122142
Faculty code given by A.I.C.T.E.	1-1716995238
Date of Birth	21-05-1984
Age	40
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.E.	COMPUTER SCIENCE AND ENGINEERING	2005	SSM COLLEGE OF ENGINEERING	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2011	MAILAM ENGINEERING COLLEGE	ANNA UNIVERSITY	8.1	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-06-2007	25-08-2009	2	2	5
G G R COLLEGE OF ENGINEERING	OTHERS - LECTURER	16-06-2005	11-06-2007	1	11	26
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-07-2011	13-11-2024	13	4	13
Total				17	6	17

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)
7	10	80	2000	300

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

Signature of the Faculty :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	305686
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. RAMADEVI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	71 CSS COMPLEX RAJARAJAN STREET
Line 2	TIRUVANNAMALAI 60601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9894335620
Email	SKPBASKAR@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	BJAPR0521H
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-45676767
Date of Birth	04-03-1984
Age	40
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.C.A.	COMPUTER APPLICATIONS	2005	OTHERS - SCSVMV	OTHERS - SCSVMV	76	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2007	OTHERS - SCSVMV UNIVERSITY	OTHERS - SCSVMV UNIVERSITY	91.45	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2011	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.7	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
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-11-2011	26-11-2024	13	0	26
Total				13	0	26

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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294860
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	M.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. SATHEESH KUMAR M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	NO 31/71, VANATHI RAYAN PALAYAM STREET
Line 2	THIRUVANNAMALAI
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9445147418
Email	SATHEESHKMRP@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BTUPS7234L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1547126963
Date of Birth	07-05-1976
Age	48
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
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2012	OTHERS - ACHARIYA COLLEGE OF BUSINESS EDUCATION	MANOMANIAM SUNDARAN UNIVERSITY	71	FIRST CLASS	
P.G.	M.SC.	OTHERS - INFORMATION TECHNOLOGY	2008	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	65	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2012	14-11-2024	12	5	14
Total				12	5	16

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 Examination 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 :

A small, square, grayscale image of a handwritten signature in blue ink. The signature is cursive and appears to be 'M. Sathy'.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	305909
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. RAMESH G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	1 RICEMILL STREET, RICEMILL OPPOSITE, NADUKUPPAM
Line 2	607103
District	CUDDALORE
Telephone number	-
Mobile number	+91 - 9943955616
Email	NGRPMP@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	DSCPR1739C
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2457653459
Date of Birth	10-07-1984
Age	40
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.E.	COMPUTER SCIENCE AND ENGINEERING	2006	SASURIE ACADEMY OF ENGINEERING	ANNA UNIVERSITY	64	FIRST CLASS	
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2009	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	76	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
S.K.P. ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	05-06-2024	27-11-2024	0	5	23
OXFORD COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-06-2013	15-05-2019	5	11	11
A.K.T.MEMORIAL COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2009	16-03-2013	3	8	16
Total				10	1	22

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 :**

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	293522
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. VIGNESH S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	357 MAIN ROAD VANAPURAM
Line 2	606753
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9025778976
Email	SV491991@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AMOPV6460H
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-19315452426
Date of Birth	03-01-1992
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.E.	CIVIL ENGINEERING	2013	S K P INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2015	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	82	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
KARPAGA VINAYAGA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	20-06-2015	26-04-2017	1	10	7
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-03-2020	14-11-2024	4	8	12
Total				6	6	23

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 Examination 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.

A handwritten signature in black ink on a light blue background. The signature is written in a cursive style and reads "S. Nignesh".

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	293533
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MRS. SRISATHYAKALA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	576/16 GOVINDASAMY NAGAR, THENIMALAI
Line 2	TIRUVANNAMALAI, 606603
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9442047510
Email	ARUNACHALASATHYA@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	BOGPS0476H
Passport Number	
Faculty code given by C.O.E.	5122312
Faculty code given by A.I.C.T.E.	1-138102691248
Date of Birth	02-01-1983
Age	41
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 - CHEMISTRY	2003	OTHERS - JAWAHAR SCIENCE COLLEGE	UNIVERSITY OF MADRAS	79.5	DISTINCTION	
P.G.	OTHERS - M.PHIL	CHEMISTRY	2007	OTHERS - BHARATHI DASAN UNIVERSITY	BHARATHI DASAN UNIVERSITY	86	DISTINCTION	
P.G.	M.SC.	OTHERS - CHEMISTRY	2005	OTHERS - AVVM SRI PUSHPAM COLLEGE	BHARATHI DASAN 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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-06-2007	25-12-2014	7	6	5
OTHERS - RAJAH SERFOJI GOVT ARTS COLLEGE	OTHERS - LECTURER	15-06-2005	13-04-2006	0	9	29
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	14-11-2022	14-11-2024	2	0	1
OTHERS - JAWAHAR SCIENCE COLLEGE	OTHERS - LECTURER	03-06-2006	13-04-2007	0	10	11
Total				11	2	18

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) 5	Squad Member (No. of days) 2	External Examiner (Practical) (No. of days) 3	Central Evaluation (No. of scripts Evaluated) 175	Re-Evaluation (No. of scripts Evaluated) 25
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	293558
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MR. PALANI D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	575,AGARAM SIPPANTHI VILLAGE,NAIDUMANGALM .POST
Line 2	THIRUVANNAMALAI 606802
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9047605221
Email	PALANID92@SKPEC.IN
Gender	MALE
Community	MBC
PAN Number	ENKPP7399E
Passport Number	
Faculty code given by C.O.E.	5122303
Faculty code given by A.I.C.T.E.	1-10873893831
Date of Birth	05-05-1992
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.A.	ENGLISH	2012	OTHERS - RTG ARTS AND SCIENCE COLLEGE	THIRUVAL LUVAR UNIVERSITY	55	SECOND CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2016	OTHERS - INDIAN ARTS AND SCIENCE COLLEGE	THIRUVAL LUVAR UNIVERSITY	64	FIRST CLASS	
OTHERS - M PHIL	OTHERS - ENGLISH	OTHERS - ENGLISH	2018	OTHERS - INDIAN ARTS AND SCIENCE COLLEGE	THIRUVAL LUVAR UNIVERSITY	77	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	25-10-2021	26-11-2024	3	1	2
Total				3	1	2

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) 5	Central Evaluation (No. of scripts Evaluated) 500	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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	293662
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. ARUN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	201, VALALLAR STREET, NGGO NAGAR TIRUKOYILUR
Line 2	605757
District	KALLAKURICHI
Telephone number	-
Mobile number	+91 - 9524503235
Email	ARUN.1838@REDIFFMAIL.COM
Gender	MALE
Community	BC
PAN Number	BKGPA9300N
Passport Number	
Faculty code given by C.O.E.	5122312
Faculty code given by A.I.C.T.E.	1-14428756821
Date of Birth	23-03-1991
Age	33
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.E.	CIVIL ENGINEERING	2013	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2015	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	74	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-04-2022	14-11-2024	2	7	11
DHANALAKSHMI SRINIVASAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2015	26-04-2016	0	9	26
Total				3	5	10

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 Examination 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.

A handwritten signature in blue ink, appearing to read "D. Arum", is centered within a rectangular box. The signature is written in a cursive style.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	293704
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. RUKKUMANI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/6B LGGS NAGAR 2ND STREET POLUR ROAD TIRUVANNAMALAI
Line 2	TIRUVANNAMALAI 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 7708357740
Email	RUKKU20ECE@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	BMTPR0801G
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-14526660844
Date of Birth	20-05-1991
Age	33
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2012	MAILAM ENGINEERING COLLEGE	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2015	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	78	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2018	14-11-2024	6	5	14
Total				6	5	16

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 Examination 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.

A small, square, grayscale image of a handwritten signature in blue ink. The signature is cursive and appears to be 'G. S. H.' followed by a horizontal line.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	307820
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. RAJAKUMARI J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 70 MURUGAR KOIL STREET , EDATHANUR VILLAGE, THANDRAMPET TALUK
Line 2	TIRUVANNAMALAI - 606707
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 6374504876
Email	RAJAKUMARI5496@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	DHGPR3953B
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-8796542310
Date of Birth	02-05-1992
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.E.	COMPUTER SCIENCE AND ENGINEERING	2014	OTHERS - KAMBAN ENGINEERING COLLEGE	ANNA UNIVERSITY	7.22	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2019	ARUNAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.22	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-06-2024	28-11-2024	0	5	24
Total				0	5	26

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 Examination 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 :

A handwritten signature in blue ink is visible on a grid background. The signature appears to be 'S. K. Singh'.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	293831
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. SWATHI S D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	BAJANAI KOVIL STREET PAVITHRAM VILLAGE PO
Line 2	606806
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8072888029
Email	SWATHISWATHI1134@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	NEEPS3807A
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1245785634
Date of Birth	27-05-1996
Age	28
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.E.	CIVIL ENGINEERING	2017	S K P INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	65.6	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2019	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	79.8	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	28-08-2024	14-11-2024	0	2	18
Total				0	2	19

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 Examination 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.

A handwritten signature in blue ink, appearing to be 'S. S. H. 21/6', is centered within a light gray rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	293888
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. THIRUVEL MURUGAN A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	469 MURUGAN KOVIL STREET THENIMALAI
Line 2	TIRUVANNAMALAI, 606603
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8870760558
Email	THIRUVELMECH@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AWXPT4678C
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-14531850588
Date of Birth	06-07-1992
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.E.	MECHANICAL ENGINEERING	2014	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	84.5	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2018	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	80.5	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2018	14-11-2024	6	5	14
Total				6	5	16

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 Examination 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.

A handwritten signature in blue ink, appearing to read 'S. Khan', is positioned in the upper left corner of a large rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	293976
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MS. VEERADHARSHINI E
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	91/A CHENGAM ROAD
Line 2	TIRUVANNAMALAI , 606603
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 7708600420
Email	VEERADHARSHINIKUTTY@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AGSPE3968M
Passport Number	
Faculty code given by C.O.E.	5122317
Faculty code given by A.I.C.T.E.	1-143868459434
Date of Birth	11-03-2000
Age	24
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 - CHEMISTRY	2020	OTHERS - KAMBAN COLLEGE OF ARTS AND SCIENCE	THIRUVALLUVAR UNIVERSITY	85	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2022	OTHERS - KAMBAN COLLEGE OF ARTS AND SCIENCE	THIRUVALLUVAR UNIVERSITY	90	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	12-09-2023	14-11-2024	1	2	3
Total				1	2	4

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 Examination 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 :

A handwritten signature in blue ink, appearing to read 'E. Gupta', is positioned within a rectangular box. The signature is written in a cursive style.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294010
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. MADHAVIPRIYA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1789/D1 MANORANJITHAM NAGAR
Line 2	VENGIKKAL PUTHUR
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9843575954
Email	PRIYAMADHAVI87@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BNXPM8210M
Passport Number	
Faculty code given by C.O.E.	5122298
Faculty code given by A.I.C.T.E.	1-2190900881
Date of Birth	01-07-1987
Age	37
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2008	ARUNAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2010	ARUNAI ENGINEERING COLLEGE	ANNA 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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-06-2010	14-11-2024	14	4	24
Total				14	4	26

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 Examination 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.

A handwritten signature in blue ink, appearing to read "J. Hallup", is positioned in the upper left corner of a rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294036
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MS. HEMA C A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 196,THIYAGI ANNAMALAI NAGAR,
Line 2	THIRUVANNAMALAI
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8122265346
Email	HEMAPRIYA5740@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	BKXPH9823A
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-123458790
Date of Birth	28-11-1999
Age	25
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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2021	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.13	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2023	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	9.09	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-07-2023	14-11-2024	1	4	5
Total				1	4	7

V. Industrial Experience :

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

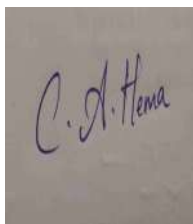
VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination 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 :

A rectangular box containing a handwritten signature in blue ink. The signature is written in a cursive style and reads "C. A. Hema".

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294159
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. KIRUBA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	HIG, NO.82, THAMARAI NAGAR, TIRUVANNAMALAI
Line 2	606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8778120872
Email	KIRUBAGRACE82@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BNYPK8910R
Passport Number	
Faculty code given by C.O.E.	5122323
Faculty code given by A.I.C.T.E.	1-25698745
Date of Birth	02-10-1982
Age	42
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.B.A.	BUSINESS ADMINISTRATION	2003	OTHERS - AUXILIUM ARTS AND SCIENCE COLLEGE	UNIVERSITY OF MADRAS	58	SECOND CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MANAGEMENT	2007	OTHERS - PERIYAR UNIVERSITY	PERIYAR UNIVERSITY	50	SECOND CLASS	
P.G.	M.B.A.	OTHERS - MARKETING	2005	ARULMIGU MEENAKSHI AMMAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	65	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	12-06-2023	14-11-2024	1	5	3
Total				1	5	5


V. Industrial Experience :



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

Capacity at which service is extended for the conduct of Examination during the last year

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

KIRUBA

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294169
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MS. KANNAL ARUNKANI C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO. 277, PERIYAR NAGAR , THUKKAPET, CHENGAM
Line 2	606709
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8220987099
Email	KANNALCK@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	CEGPC5248L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-123546789
Date of Birth	25-02-1991
Age	33
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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2012	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	6.5	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2016	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	7.4	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	13-09-2024	14-11-2024	0	2	2
Total				0	2	3

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 Examination 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.

A handwritten signature in blue ink, appearing to read "Karan Arora", is centered within a light blue rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294360
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. SHARMILA DEVI G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	33/15-B,RAMALINGANAR,THIRD CROSS STREET
Line 2	TIRUVANNAMALAI,606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9597848178
Email	SHARDEVI84@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	DZQPS9176D
Passport Number	
Faculty code given by C.O.E.	5122316
Faculty code given by A.I.C.T.E.	1-1760964548
Date of Birth	13-11-1984
Age	40
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2006	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2011	ARUNAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.2	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	07-09-2023	14-11-2024	1	2	8
ARUNAI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2011	25-02-2017	5	7	25
ARUNAI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2007	30-08-2009	2	2	29
Total				9	1	2

V. Industrial Experience :

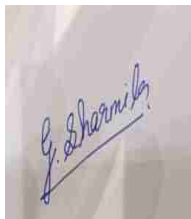
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


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) 6	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 4	Central Evaluation (No. of scripts Evaluated) 200	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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294374
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. KAVITHA JEGADEESAN
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 169/A, OTTAR STREET, ARAKONAM, PARAVATHUR VILLAGE
Line 2	632510
District	RANIPET
Telephone number	-
Mobile number	+91 - 7092332259
Email	KAVITHA.E.AJITH@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DBMPJ4257A
Passport Number	
Faculty code given by C.O.E.	5122338
Faculty code given by A.I.C.T.E.	1-3333344444
Date of Birth	21-05-1996
Age	28
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	2016	OTHERS - BHAKTAVATCHALAM MEMORIAL COLLEGE FOR WOMEN	UNIVERSITY OF MADRAS	83	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2018	OTHERS - BHAKTAVATCHALAM MEMORIAL COLLEGE FOR WOMEN	UNIVERSITY OF MADRAS	88	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	06-08-2024	14-11-2024	0	3	9
OTHERS - INDIAN COLLEGE OF ARTS AND SCIENCE	ASSISTANT PROFESSOR	06-07-2020	26-03-2021	0	8	21
OTHERS - VIJAY VIDHYA MANDIR CBSE SCHOOL	OTHERS - TEACHER	05-04-2021	28-07-2023	2	3	24
Total				3	3	26

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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294553
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. FAZIYUDEEN F
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/A NEW MUSLIM 4TH STREET POLUR ROAD
Line 2	TIRUVANNAMALAI 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 7094019777
Email	FAZIYUDEEN.F@GMAIL.COM
Gender	MALE
Community	OTHERS - BCM
PAN Number	AARPF8072G
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-123450950
Date of Birth	28-03-1986
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.E.	COMPUTER SCIENCE AND ENGINEERING	2010	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	67	SECOND CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - BHARATH UNIVERSITY	OTHERS - BHARATH UNIVERSITY	70	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	29-08-2024	14-11-2024	0	2	17
Total				0	2	18

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 Examination 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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294557
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MR. RAJAMANI SADAYAN
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 100, UDHAIYA SURIYAPURAM, ARUMBAKKAM, KONALUR
Line 2	606755
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 7845933537
Email	RAJAMANISR1965@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AORPR0387J
Passport Number	
Faculty code given by C.O.E.	5122299
Faculty code given by A.I.C.T.E.	1-7325261565
Date of Birth	25-12-1965
Age	59
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	1994	OTHERS - GOVERNMENT ARTS COLLEGE TIRUVAN NAMALAI	UNIVERSITY OF MADRAS	59	SECOND CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2009	ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	60	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - MASTER OF PHILOSOPHY	OTHERS - PHYSICS	2015	OTHERS - SCSVSC	OTHERS - SCSVSC UNIVERSITY	60	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
S.K.P. ENGINEERING COLLEGE	OTHERS - LAB INSTRUCTOR	27-11-2000	31-05-2018	17	6	4
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2018	14-11-2024	6	5	14
Total				23	11	23

V. Industrial Experience :

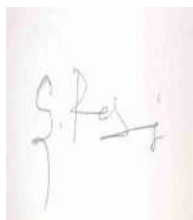
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


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) 3	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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294597
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MR. RAMACHANDRAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	62,MELMANMALAI VILLAGE,THUKKAPET POST,CHENGAM.
Line 2	606709
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8438995540
Email	RCHANDRU866@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	DBQPR8194Q
Passport Number	
Faculty code given by C.O.E.	5122347
Faculty code given by A.I.C.T.E.	1-234568560
Date of Birth	08-05-1990
Age	34
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	2013	OTHERS - SATHYAM ARTS AND SCIENCE COLLEGE	THIRUVAL LUVAR UNIVERSITY	53	SECOND CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2016	OTHERS - THIRUVAL LUVAR UNIVERSITY	THIRUVAL LUVAR UNIVERSITY	61	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - ENGLISH	2019	OTHERS - ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	67	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
OTHERS - SRI BALAJI ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	24-01-2023	03-06-2024	1	4	11
OTHERS - ANAND ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	23-07-2018	21-11-2020	2	3	30
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-08-2024	14-11-2024	0	3	13
Total				3	11	29

V. Industrial Experience :

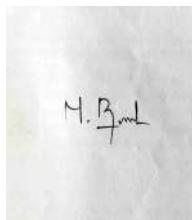
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294608
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. SNEHA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.236, METTU STREET, ARATTAVADI POST, CHENGAM TALUK, TIRUVANNAMALAI
Line 2	606709
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8610721431
Email	SNEHAVASUKIPANNEER@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	HBBPS4148Q
Passport Number	
Faculty code given by C.O.E.	0000000
Faculty code given by A.I.C.T.E.	1-100524201
Date of Birth	22-08-1997
Age	27
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.COM.	OTHERS - CORPORATE SECURISHIP	2017	OTHERS - DRBCC HINDU COLLEGE	UNIVERSITY OF MADRAS	75	DISTINCTION	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2019	S.A. ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	82	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	13-09-2024	14-11-2024	0	2	2
Total				0	2	3

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
VAKIL SEARCH	FINANCIAL ASSOCIATION	ACCOUNTANT	31-10-2020	17-02-2021	0	3	18
Total					0	3	19

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.

A handwritten signature in black ink, appearing to read 'P. Sacha', is positioned within a rectangular box. The signature is written in a cursive style with a long horizontal stroke extending to the right.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294833
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. PARTHIBAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/61B, KORATTI, TIRUPATTUR
Line 2	635602
District	TIRUPATHUR
Telephone number	-
Mobile number	+91 - 9486130460
Email	PARTHEBAN1@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BWAPP8533Q
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-121919815
Date of Birth	05-10-1984
Age	40
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2008	BHARATHIDASAN ENGINEERING COLLEGE	ANNA UNIVERSITY	68.2	FIRST CLASS	
P.G.	M.TECH.	REMOTE SENSING AND GIS	2011	ADHIYAMAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	8.21	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
BHARATHIDASAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	15-06-2011	04-06-2013	1	11	20
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	12-06-2013	14-11-2024	11	5	3
Total				13	4	26

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 :**

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294840
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MRS. MALARJOTHI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1090A PATHIMA NAGAR, AVOOR
Line 2	606755
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 7395890940
Email	MALARJOTHIC@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DKOPM8252B
Passport Number	
Faculty code given by C.O.E.	5122346
Faculty code given by A.I.C.T.E.	1-12345678911
Date of Birth	11-03-1986
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.	OTHERS - B.A	OTHERS - ENGLISH	2009	OTHERS - GOVERNMENT ARTS AND SCIENCE COLLEGE THIRUVANNAMALAI	THIRUVALUVAR UNIVERSITY	58	SECOND CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2020	OTHERS - ALAGAPPA UNIVERSITY	ALAGAPPA UNIVERSITY	81	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-08-2024	26-11-2024	0	3	25
Total				0	3	26

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 Examination 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.

A handwritten signature in blue ink, appearing to read "R. Malayath", is centered within a rectangular box. The signature is written in a cursive style.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294849
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MS. SARANYA T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	298 B ,THIYAGI ANNAMALAI NAGAR
Line 2	606601
District	TIRUVANNAMALAI
Telephone number	04175 - 253153
Mobile number	+91 - 6380907309
Email	SARANYATHANGAVEL49@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	CKTPT8196H
Passport Number	
Faculty code given by C.O.E.	5122345
Faculty code given by A.I.C.T.E.	1-423457158562
Date of Birth	06-06-1994
Age	30
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	2015	OTHERS - ARUNESHA COLLEGE OF ARTS AND SCIENCE FOR WOMEN	THIRUVAL LUVAR UNIVERSITY	80	DISTINCTION	
P.G.	M.SC.	OTHERS - PHYSICS	2017	OTHERS - KALAIGNAR KARUNANI THI GOVT ARTS COLLEGE	THIRUVAL LUVAR UNIVERSITY	80.6	DISTINCTION	
OTHERS - M.PHIL	OTHERS - PHYSICS	OTHERS - PHYSICS	2018	OTHERS - KALAIGNAR KARUNANI THI GOVT ARTS COLLEGE	THIRUVAL LUVAR UNIVERSITY	79.0	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	29-08-2024	14-11-2024	0	2	17
OTHERS - KAMBAN COLLEGE OF ARTS AND SCIENCE	ASSISTANT PROFESSOR	10-11-2020	08-11-2022	1	11	29
OTHERS - BHARATH VIDHYA MANDIR ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	03-07-2019	16-09-2020	1	2	14
OTHERS - IDHAYA COLLEGE OF ARTS AND SCIENCE FOR WOMEN	ASSISTANT PROFESSOR	03-01-2023	08-01-2024	1	0	6
Total				4	5	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)			
It is certified that all the information provided are true to the best of my knowledge.							
<div style="text-align: center;">  </div>							
Signature of the Faculty :							

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294957
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MS. KEERTHANA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	65/10C/5 CHETTIKULA MEDU, 7TH STREET, POLUR ROAD
Line 2	TIRUVANNAMALAI,606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 6381911008
Email	SUJI001RS@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ORYPK7214R
Passport Number	
Faculty code given by C.O.E.	5122343
Faculty code given by A.I.C.T.E.	1-1111122222
Date of Birth	08-10-2001
Age	23
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	2022	OTHERS - KAMBAN COLLEGE OF ARTS AND SCIENCE FOR WOMEN	THIRUVALUVAR UNIVERSITY	9.247	DISTINCTION	
P.G.	M.SC.	OTHERS - MATHEMATICS	2024	OTHERS - KAMBAN COLLEGE OF ARTS AND SCIENCE FOR WOMEN	THIRUVALUVAR UNIVERSITY	9.108	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-08-2024	14-11-2024	0	3	13
Total				0	3	14

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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294967
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MR. BALAJI L
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/93 KOVIL STREET , PENNAGAR POST, GINGEE
Line 2	VILLUPURAM, 604210
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 8508627434
Email	DHAVANBALAJI83@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	CMKPB3692K
Passport Number	
Faculty code given by C.O.E.	4220025
Faculty code given by A.I.C.T.E.	1-1795884106
Date of Birth	25-03-1982
Age	42
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 - CHEMISTRY	2003	OTHERS - GOVT MEN ARTS COLLEGE NANDHANAM	UNIVERSITY OF MADRAS	66	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2005	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	67	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - CHEMISTRY	2009	OTHERS - PERIYAR UNIVERSITY	PERIYAR UNIVERSITY	60	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-09-2023	18-11-2024	1	1	28
SRI RANGAPOOPATHI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-03-2010	20-09-2023	13	6	20
Total				14	8	21

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)
12	4	3	200	50

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



Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294986
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. ELAVARASAN E
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 33, PILLAIYAR KOVIL STREET, SO.NAMMIYANDAL. SOMASIPADI POST
Line 2	606611
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9042980467
Email	ELAVARASAN221191@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	ABSPE5258R
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1357849652
Date of Birth	22-11-1991
Age	33
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.E.	MECHANICAL ENGINEERING	2014	OTHERS - SRI KALAIMAGAL COLLEGE OF ENGINEERING	ANNA UNIVERSITY	6.27	SECOND CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2016	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.48	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-06-2024	14-11-2024	0	5	10
Total				0	5	12

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 Examination 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.

A handwritten signature in blue ink, appearing to read 'E. Elawarajan', is centered within a light gray rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	295068
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	M.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. SHANMUGAM K S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/1, SRI LAKSHMI KUBERA NAGAR, SO.KILNACHIPATTU
Line 2	TIRUVANNAMALAI 606611
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9487492997
Email	SHANVS72@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CQGPS8120M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1546793006
Date of Birth	15-06-1972
Age	52
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
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2012	OTHERS - ACHARAIYA SCHOOL OF BUSINESS AND TECHNOLOGY	MANOMANIAM SUNDARAM UNIVERSITY	72	FIRST CLASS	
P.G.	M.SC.	OTHERS - INFORMATION TECHNOLOGY	2008	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	68	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2012	14-11-2024	12	5	14
Total				12	5	16

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 Examination 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.

A handwritten signature in blue ink, appearing to read "J.S. Phumman", is written diagonally across a light gray rectangular background.

Signature of the Faculty :


Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	295123
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. PRIYA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	203/1 BHARADHIDASAN NAGAR
Line 2	606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 6380166744
Email	PSELVATHAMIL@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	DUMPP5902F
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-12345678911
Date of Birth	01-02-1991
Age	33
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	2011	OTHERS - SHANMUGA INDUSTRIES ARTS AND SCIENCE COLLEGE	THIRUVALLUVAR UNIVERSITY	95.6	DISTINCT ION	
P.G.	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2014	OTHERS - SHANMUGA INDUSTRIES ARTS AND SCIENCE COLLEGE	THIRUVALLUVAR UNIVERSITY	79.75	DISTINCT ION	
P.G.	M.SC.	OTHERS - MATHEMATICS	2013	OTHERS - SHANMUGA INDUSTRIES ARTS AND SCIENCE COLLEGE	THIRUVALLUVAR UNIVERSITY	94	DISTINCT ION	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NET

Score : 90


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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-08-2024	14-11-2024	0	3	13
OTHERS - SUN ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	02-07-2014	14-06-2024	9	11	13
Total				10	2	28

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)			
It is certified that all the information provided are true to the best of my knowledge.							
<div style="text-align: center; margin-bottom: 10px;">  </div> Signature of the Faculty :							

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	295245
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. ELAIYARAJA D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.1180, THENDRAL NAGAR, VENGIKKAL, TIRUVANNAMALAI
Line 2	606604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9443423291
Email	DERTVM@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AANPE6921B
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-12345678911
Date of Birth	09-07-1976
Age	48
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.B.A.	BUSINESS ADMINISTRATION	2005	OTHERS - UNIVERSITY OF MADRAS	UNIVERSITY OF MADRAS	65	OTHERS - THIRD CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2011	ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	78	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-06-2024	14-11-2024	0	5	10
Total				0	5	12

V. Industrial Experience :

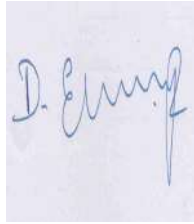
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination 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.

A handwritten signature in blue ink, appearing to read "D. Elmg", is positioned within a rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	295263
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MR. KUMARAVELAN K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	660,INDRA NAGAR WEST,VENGIKKAL,
Line 2	606604,TIRUVANNAMALAI
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9597648246
Email	KUMARAVELAN143@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CPFPK3223P
Passport Number	
Faculty code given by C.O.E.	5122000
Faculty code given by A.I.C.T.E.	1-1122334455
Date of Birth	26-11-1988
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2011	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	66	SECOND CLASS	
P.G.	M.E.	VLSI DESIGN	2014	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.01	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-11-2024	14-11-2024	0	0	14
Total				0	0	14

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 Examination 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 :

A handwritten signature in blue ink, consisting of stylized, overlapping letters and a long horizontal flourish.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	295327
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MRS. PRADEEPA N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	14/46A DURGAI AMMAN KOVIL STREET
Line 2	CARSTREET, TIRUVANNAMALAI
District	TIRUVANNAMALAI
Telephone number	04175 - 252633
Mobile number	+91 - 9790411964
Email	PRADEEPARAJ88@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	BLCPP7794N
Passport Number	
Faculty code given by C.O.E.	0
Faculty code given by A.I.C.T.E.	1-43428744320
Date of Birth	08-08-1992
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.A.	ENGLISH	2012	OTHERS - ETHIRAJ COLLEGE FOR WOMEN	UNIVERSITY OF MADRAS	68	FIRST CLASS	
P.G.	OTHERS - M.A.	OTHERS - ENGLISH	2015	OTHERS - UNIVERSITY OF MADRAS	UNIVERSITY OF MADRAS	57	SECOND CLASS	
P.G.	OTHERS - M. PHIL	OTHERS - ENGLISH	2016	OTHERS - SUN ARTS AND SCIENCE COLLEGE	THIRUVALLUVAR UNIVERSITY	85	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-05-2019	14-11-2024	5	6	14
Total				5	6	17

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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	295640
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MRS. GANDHIMATHI G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	156A/859 THIRUVALLUVAR NAGAR , 2ND CROSS STREET , TIRUVANNAMALAI
Line 2	TIRUVANNAMALAI , 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8608983606
Email	GGANDHIMATHI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	EJGPG3581M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-14528624
Date of Birth	10-05-1987
Age	37
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	2006	OTHERS - ASMWC	THIRUVALLUVAR UNIVERSITY	70	FIRST CLASS	
P.G.	OTHERS - MPHIL	OTHERS - PHYSICS	2011	OTHERS - VINAYAGA MISSION	OTHERS - VINAYAGA MISSION	75	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2011	OTHERS - SHC	THIRUVALLUVAR UNIVERSITY	74	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-11-2024	15-11-2024	0	0	15
Total				0	0	15

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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	295662
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. NIROSHA C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.155, KAKKULATHUPATTI STREET, NARIYAMANGALAM VILLAGE, SIRUNATHUR POST
Line 2	TIRUVANNAMALAI, 604601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9566337469
Email	NIROSHABJ@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BNDPC5669Q
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-36548971235
Date of Birth	11-08-1987
Age	37
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	2009	OTHERS - GOVERNMENTS ARTS COLLEGE	THIRUVALLUVAR UNIVERSITY	55	SECOND CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2013	OTHERS - KAMBAN ARTS AND SCIENCES COLLEGE	THIRUVALLUVAR UNIVERSITY	79	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-11-2024	15-11-2024	0	0	15
Total				0	0	15

V. Industrial Experience :

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

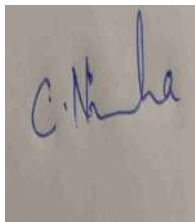
VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Examination 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 :

A handwritten signature in blue ink on a light brown background. The signature appears to be 'C. M. ha'.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	295708
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. KALIDASSAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	10/18 POLUR ROAD , 6TH STREET ,TIRUVANNAMALAI
Line 2	TIRUVANNAMALAI, 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9092537454
Email	SKALIDASSANMECHANICAL@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	OJSPK3892B
Passport Number	
Faculty code given by C.O.E.	5122201
Faculty code given by A.I.C.T.E.	1-145687542
Date of Birth	07-03-1992
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.E.	MECHANICAL ENGINEERING	2016	S K P INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2019	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	68	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-11-2024	15-11-2024	0	0	15
Total				0	0	15

V. Industrial Experience :

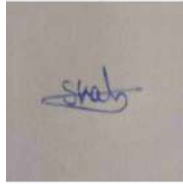
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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.

A small, square image showing a handwritten signature in blue ink on a light-colored background. The signature appears to be 'Shah' with a stylized flourish.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	295736
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SYEDASIF S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	35/44, KALKUTHIRAI THAKKA STREET,
Line 2	THIRUVANNAMALAI 606 601
District	TIRUVANNAMALAI
Telephone number	04175 - 252633
Mobile number	+91 - 8668039197
Email	SYEDASIF.MECH143@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	HLOPS3364F
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-14527892
Date of Birth	13-05-1989
Age	35
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.E.	MECHANICAL ENGINEERING	2011	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	64	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2014	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	75	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	15-06-2016	15-11-2024	8	5	1
Total				8	5	3

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 Examination 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.

A handwritten signature in black ink, appearing to be 'Syed', with a horizontal line extending from the end of the name.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	295766
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. ATHIYAMAAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	364/D NETHAJI NAGAR VENGIKKAL
Line 2	606604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 7538820835
Email	ATHI.MECH.01@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BLMPA9921L
Passport Number	
Faculty code given by C.O.E.	5122600
Faculty code given by A.I.C.T.E.	1-1446121073
Date of Birth	01-07-1992
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.E.	MECHANICAL ENGINEERING	2013	OTHERS - MGR UNIVERSITY	OTHERS - MGR UNIVERSITY	74	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2016	ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	78	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-01-2023	15-11-2024	1	10	14
Total				1	10	19

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 Examination 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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	295868
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	DR. KOTTEESWARAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO10, BAJANAI KOIL STREET, KOLATHUR, KILPENNATHUR
Line 2	606755
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9751103627
Email	SKOTTEESWARANME1992@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	EIOPK2558H
Passport Number	
Faculty code given by C.O.E.	5122310
Faculty code given by A.I.C.T.E.	1-1446119266
Date of Birth	02-11-1992
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.E.	CIVIL ENGINEERING	2014	SREE KRISHNA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	77.9	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2016	DR PAULS ENGINEERING COLLEGE	ANNA UNIVERSITY	84.5	FIRST CLASS	
PH.D.	PH.D.	CIVIL ENGINEERING	2023	OTHERS - SRM INSTITUTE OF SCIENCE AND TECHNOLOGY	OTHERS - SRM UNIVERSITY	NA		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

SEISMIC ANALYSIS AND RESTORATION OF HISTORIC MORTAR AT ALAMPARAI FORT TO ENHANCE THE STABILITY OF STRUCTURES

III. Faculty in which Ph.D. was awarded

FACULTY OF CIVIL ENGINEERING

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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-03-2024	15-11-2024	0	8	12
JAYA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-09-2016	30-05-2018	1	8	29
Total				2	5	14

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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	295965
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. SWETHA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO6/66 OLD KARKANA STREET
Line 2	606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9597867705
Email	SWETHASHANMUGAM03@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	ISXPS4505K
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1354879125
Date of Birth	03-07-1997
Age	27
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.C.A.	COMPUTER APPLICATIONS	2017	OTHERS - KAMBAM COLLEGE OF ARTS AND SCIENCE	THIRUVALLUVAR UNIVERSITY	78.6	FIRST CLASS	
P.G.	M.B.A.	HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT	2019	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	82.5	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-11-2024	15-11-2024	0	0	12
Total				0	0	12

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 Examination 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.

A small, square, light gray box containing a handwritten signature in black ink. The signature is written in a cursive style and appears to be "S. K. S.".

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	295995
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. MOHAMEDSALMAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.75, ANNA NAGAR, 6TH STREET,
Line 2	TIRUVANNAMALAI, 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9345816187
Email	SMS.SALMAN08@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	ECKPM7746H
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-12345678911
Date of Birth	08-07-1997
Age	27
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.C.A.	COMPUTER APPLICATIONS	2017	OTHERS - SHANMUGA INDUSTRIES ARTS AND SCIENCE COLLEGE	THIRUVALUVAR UNIVERSITY	80	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2019	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.9	SECOND 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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-11-2024	14-11-2024	0	0	11
Total				0	0	11

V. Industrial Experience :

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

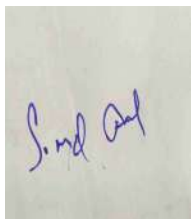
VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination 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 :

A handwritten signature in blue ink on a light green background. The signature appears to be "S. and A." or similar, written in a cursive style.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	296091
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MR. PANNEERSELVAM P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 75, VEERAPATHIRAN KOVIL STREET, VELANANDAL, RAJAPALAYAM POST
Line 2	606755
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9944248892
Email	PANNEER.PHYSICS@GAMIL.COM
Gender	MALE
Community	MBC
PAN Number	CZTPP5917M
Passport Number	
Faculty code given by C.O.E.	5122320
Faculty code given by A.I.C.T.E.	1-1438684593
Date of Birth	10-06-1990
Age	34
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	2011	OTHERS - SHANMUGA INDUSTRIES ARTS AND SCIENCE COLLEGE	THIRUVALUVAR UNIVERSITY	70	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2015	OTHERS - SHANMUGA INDUSTRIES ARTS AND SCIENCE COLLEGE	THIRUVALUVAR UNIVERSITY	67	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - MASTER OF PHILOSOPHY	OTHERS - PHYSICS	2016	OTHERS - SHANMUGA INDUSTRIES ARTS AND SCIENCE COLLEGE	THIRUVALUVAR UNIVERSITY	70	FIRST CLASS	
OTHERS - B.ED	OTHERS - BACHELOR OF EDUCATION	OTHERS - PHYSICS	2012	OTHERS - VIDHYALAYA COLLEGE OF EDUCATION	OTHERS - TAMILNADU TEACHER EDUCATION UNIVERSITY	77	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-09-2023	15-11-2024	1	1	25
Total				1	1	25


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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	296286
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	M.E.-STRUCTURAL ENGINEERING
Name of the faculty member	MRS. SARANYA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1789/D1 MANORANJITHAM STREET, VENGIKKAL PUDHUR
Line 2	606602
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8903407872
Email	SARANSWATHI92@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	HFRPS2618K
Passport Number	
Faculty code given by C.O.E.	5122281
Faculty code given by A.I.C.T.E.	1-1358671441
Date of Birth	25-05-1992
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.E.	CIVIL ENGINEERING	2013	S K P INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2015	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	77	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	25-01-2017	15-11-2024	7	9	22
A.K.T.MEMORIAL COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	22-06-2015	19-01-2017	1	6	28
Total				9	4	22

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 Examination 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 :

K. Saeed

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	296313
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MRS. KARPAGALAKSHMI A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1026/A, KOLLA KOTTA,PARAMANANDAL VILLAGE AND POST, CHENGAM TALUK
Line 2	606710
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9786843280
Email	LAKSHMIKARPAGAM1@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	EGWPK9906F
Passport Number	
Faculty code given by C.O.E.	0
Faculty code given by A.I.C.T.E.	1-7589658745
Date of Birth	08-06-1991
Age	33
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	2012	OTHERS - KAMBAN COLLEGE OF ARTS AND SCIENCE	THIRUVAL LUVAR UNIVERSITY	58.25	SECOND CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2016	OTHERS - PERIYAR UNIVERSITY	PERIYAR UNIVERSITY	75	FIRST CLASS	
OTHERS - B.ED	OTHERS - BACHELOR OF EDUCATION	OTHERS - PHYSICS	2014	OTHERS - KEC COLLEGE OF EDUCATION	OTHERS - TAMILNADU TEACHER EDUCATION UNIVERSITY	71.8	DISTINCTION	
OTHERS - M.ED	OTHERS - MASTER OF EDUCATION	OTHERS - PHYSICS	2021	OTHERS - VENKATESHWARA COLLEGE OF EDUCATION	OTHERS - TAMILNADU TEACHER EDUCATION UNIVERSITY	65	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	07-11-2024	15-11-2024	0	0	9
Total				0	0	9

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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	296475
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. ARUNKUMAR L
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	JAI NAGAR, RAMAKRISHNA SCHOOL BACK SIDE
Line 2	606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9486842726
Email	ARUNKUMAREL95@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BNKPL1159H
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1435287449
Date of Birth	13-06-1995
Age	29
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.E.	CIVIL ENGINEERING	2017	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	60	SECOND CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2020	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	80	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-04-2022	15-11-2024	2	7	12
Total				2	7	15

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 Examination 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.

A handwritten signature in blue ink, appearing to be 'F. L. ...', is positioned within a rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	297230
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. RAGAVAN A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.150, KOSAMADA STREET,
Line 2	TIRUVANNAMALAI, 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9789672307
Email	ATHIRAGAV@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AOGPR0863N
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-412295841
Date of Birth	24-04-1986
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.TECH.	INFORMATION TECHNOLOGY	2008	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.8	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2015	16-11-2024	9	4	16
S.K.P. ENGINEERING COLLEGE	OTHERS - LECTURER	01-06-2010	30-06-2015	5	0	30
Total				14	5	18


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.

A handwritten signature in blue ink, appearing to be 'A. R. M.', is written on a light-colored background.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	297357
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. PRIYADHARSHNI PRASAD
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	271,YAMUNAI SUARE,TPTC NAGAR,
Line 2	605401
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 8870061402
Email	PRIYADHARSHNIPRASAD@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BUNPP5495E
Passport Number	
Faculty code given by C.O.E.	5122001
Faculty code given by A.I.C.T.E.	1-14527104423
Date of Birth	07-07-1987
Age	37
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.E.	BIOMEDICAL ENGINEERING	2010	ADHIYAMAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2013	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.03	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2018	16-11-2024	6	5	16
Total				6	5	18

V. Industrial Experience :

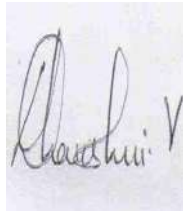
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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.

A handwritten signature in black ink, appearing to read "Rashmi V", is positioned within a rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	297431
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. OWAISE AHMED A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.92A, MUGAL PURA STREET,
Line 2	TIRUVANNAMALAI, 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9865555797
Email	OWAISE_R@YAHOO.COM
Gender	MALE
Community	OTHERS - BCM
PAN Number	AATPO4369H
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-12345678910
Date of Birth	13-04-1985
Age	39
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.C.A.	COMPUTER APPLICATIONS	2006	OTHERS - SHANMUGA INDUSTRIES ARTS AND SCIENCE COLLEGE	THIRUVALLUVAR UNIVERSITY	63	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2009	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.05	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-03-2010	16-11-2024	14	8	12
Total				14	8	16

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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	297829
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SARAVANAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	474/D7, LINGABAIRAVI STREET, PONNUSAMY NAGAR, VENGIKKAL
Line 2	TIRUVANNAMALAI - 606 604
District	TIRUVANNAMALAI
Telephone number	04175 - 252633
Mobile number	+91 - 9962541849
Email	SARA8348@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AYRPS5151K
Passport Number	
Faculty code given by C.O.E.	5122014
Faculty code given by A.I.C.T.E.	1-413139449
Date of Birth	03-07-1974
Age	50
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.E.	MECHANICAL ENGINEERING	1995	ARULMIGU MEENAKSHI AMMAN COLLEGE OF ENGINEERING	UNIVERSITY OF MADRAS	62	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2014	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	82	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	08-09-2010	18-11-2024	14	2	11
Total				14	2	12

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 Examination 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.

A handwritten signature in blue ink, appearing to be 'P. J. Singh', is written over a light blue rectangular background.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	298272
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. PARAMESHWARI K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	432/3 PATTY STREET VEERALUR
Line 2	TIRUVANAMALAI 606901
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9791683992
Email	PARAMESHGOKUL@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DGEPP3343G
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-38102671296
Date of Birth	19-04-1996
Age	28
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.TECH.	INFORMATION TECHNOLOGY	2017	MEENAKSHI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.2	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2020	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	8.1	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	14-06-2024	18-11-2024	0	5	5
Total				0	5	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 Examination 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 :

K. Parameswari

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	298513
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. SYED ABEED S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 1053, ANNA NAGAR MAIN ROAD , AVOOR
Line 2	THIRUVANNAMALAI-606755
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9944029277
Email	SYEDABEEDS@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DQXPS0528B
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-3254612789
Date of Birth	23-10-1992
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.COM.	COMMERCE	2013	OTHERS - GOVT ARTS COLLEGE TVMALAI	THIRUVALLUVAR UNIVERSITY	67	FIRST CLASS	
P.G.	OTHERS - M.B.A	MASTER OF BUSINESS ADMINISTRATION	2015	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.32	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	19-06-2023	18-11-2024	1	4	30
Total				1	4	2

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 Examination 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.

A handwritten signature in black ink, appearing to be 'J. Smith', is centered within a light gray rectangular box. The signature is written in a cursive style.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	298657
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. PRIYANKA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1379,VALLARASU NAGAR
Line 2	TIRUVANNAMALAI,606604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8754728893
Email	PRIYANKAPRIYA2308@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	CGCPP8981R
Passport Number	
Faculty code given by C.O.E.	5122336
Faculty code given by A.I.C.T.E.	1-1425478512
Date of Birth	23-08-1993
Age	31
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.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2015	B.S. ABDUR RAHMAN CRESCENT INSTITUTE OF SCIENCE AND TECHNOLOGY	OTHERS - CRESCENT UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2017	SONA COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	84	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
ANNAMALAIAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-02-2020	10-10-2024	4	8	1
Total				4	8	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)	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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	298655
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. THIRUMURUGAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/37, VELANANDHAL VILLAGE, RAJAPALAYAM POST
Line 2	TIRUVANNAMALAI - 606 755
District	TIRUVANNAMALAI
Telephone number	04175 - 256633
Mobile number	+91 - 9789288890
Email	IAMTHIRUMURUGAN@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AJNPT3345D
Passport Number	
Faculty code given by C.O.E.	5122027
Faculty code given by A.I.C.T.E.	1-4574053843
Date of Birth	31-10-1989
Age	35
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.E.	AERONAUTICAL ENGINEERING	2011	J.J. COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2013	SRI SAI RAM ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	84	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	12-06-2013	18-11-2024	11	5	7
Total				11	5	9

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 Examination 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 :

A handwritten signature in black ink, appearing to be 'Nshy', is positioned to the right of the text 'Signature of the Faculty :'. The signature is written in a cursive, stylized manner.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	298728
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. BASKAR M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 4 TH NIRITHI LINGAM GIRIVALA PADAHAI ADI ANNAMALAI POST
Line 2	TIRUVANNAMALAI
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9688413815
Email	MRISKBASKAR@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CDDPB2603Q
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-8974654231
Date of Birth	20-06-1988
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.B.A.	BUSINESS ADMINISTRATION	2009	OTHERS - GOVT ARTS AND SCIENCE COLLEGE KRISHNA GIRI	PERIYAR UNIVERSITY	46.33	OTHERS - THIRD CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2012	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	6.87	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-06-2024	18-11-2024	0	5	9
Total				0	5	11

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 Examination 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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	299295
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. JAYAKRISHNAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	622/A IDDUKKU PILLAIYAR KOVIL NAGAR 3RD STREET VENGICAL
Line 2	606604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 7708084012
Email	JAIRISHVIJAYALAKSHMI@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BHUPJ2474H
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-3625894100
Date of Birth	08-01-1996
Age	28
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.E.	AUTOMOBILE ENGINEERING	2017	OTHERS - SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY	OTHERS - SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY	80	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2022	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	85	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-06-2024	19-11-2024	0	5	15
Total				0	5	17

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 Examination 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 :

A small, square, light-colored image showing a handwritten signature in dark ink. The signature is cursive and appears to be 'D. Singh'.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	299822
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. RAGADEEPAN D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.135, NADU STREET, PAVITHRAM VILLAGE AND POST, TIRUVANNAMALAI TALUK
Line 2	606806
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9585130234
Email	DEEPANRAGA@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CWTPR4967G
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-12345678911
Date of Birth	29-07-1991
Age	33
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.E.	COMPUTER SCIENCE AND ENGINEERING	2013	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	6.4	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.9	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-11-2024	20-11-2024	0	0	17
Total				0	0	17

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 Examination 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.

A handwritten signature in blue ink, appearing to read 'D. R. ...', is positioned in the upper left corner of a rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	299922
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. SUBHASRI C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.1834J, 5TH CROSS STREET, GUBERA NAGAR, VENGIKKAL
Line 2	606604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9500277893
Email	CSUBHASRI@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	DPZPS0662P
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-9500277893
Date of Birth	10-02-1992
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.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2013	B.S. ABDUR RAHMAN CRESCENT INSTITUTE OF SCIENCE AND TECHNOLOGY	OTHERS - B S ABDUR RAHMAN UNIVERSITY	6.68	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	SHIV NADAR UNIVERSITY, CHENNAI	ANNA UNIVERSITY	6.2	SECOND 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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-11-2024	20-11-2024	0	0	17
Total				0	0	17

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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	300008
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. SANJAI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.771, SAVITHRI NAGAR, VENGIKKAL
Line 2	606604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9962849326
Email	SANJAIMUNUSAMI@GMAIL.COM
Gender	MALE
Community	OTHERS - SCA
PAN Number	EPKPS7165K
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-7458746227
Date of Birth	14-12-1990
Age	34
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.TECH.	INFORMATION TECHNOLOGY	2012	JERUSALEM COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	5.9	SECOND CLASS	
P.G.	M.E.	SOFTWARE ENGINEERING	2018	GNANAMANI COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.3	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-11-2024	20-11-2024	0	0	17
Total				0	0	17

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.

A handwritten signature in blue ink, appearing to read "M. Sanyal", is positioned above the label "Signature of the Faculty :".

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	300187
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. JAYAKUMAR S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 998, SENTHAMIL NAGAR, THUKKAPET , CHENGAM
Line 2	THIRUVANNAMALAI - 606709
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8870096158
Email	JAI.CGM@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	BBQPJ6910C
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-5643219870
Date of Birth	22-03-1990
Age	34
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.E.	COMPUTER SCIENCE AND ENGINEERING	2014	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	62	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2020	GLOBAL INSTITUTE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	65	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-06-2024	20-11-2024	0	5	16
Total				0	5	18

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 :

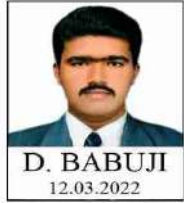
Capacity at which service is extended for the conduct of Examination during the last year



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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	300422
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. BABUJI D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	561 MGR NAGAR,
Line 2	PERUMBAKKAM ROAD
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 7619568195
Email	D.BABUJI.ME@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CLNPB4626D
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-7564983210
Date of Birth	01-04-1996
Age	28
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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2017	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	68.3	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2021	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	92.4	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-06-2024	20-11-2024	0	5	16
Total				0	5	18

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 Examination 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.

A handwritten signature in blue ink, appearing to read "D. Balaji", is centered within a rectangular box. The signature is written in a cursive style.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	300475
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. JAYAPRAKASH V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	129, ARASAMARA STREET,
Line 2	TIRUVANNAMALAI - 606 603
District	TIRUVANNAMALAI
Telephone number	04175 - 252633
Mobile number	+91 - 9443222542
Email	JPASSAI1977@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AKPPJ3098Q
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-4253652541
Date of Birth	01-04-1977
Age	47
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.E.	PRODUCTION ENGINEERING	2003	ADHIYAM AAN COLLEGE OF ENGINEERING (AUTONOMOUS)	UNIVERSITY OF MADRAS	61	SECOND CLASS	
P.G.	M.E.	COMPUTER AIDED DESIGN	2006	OTHERS - SATHYABAMA UNIVERSITY	UNIVERSITY OF MADRAS	67	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
EASWARI ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	02-05-2012	07-10-2014	2	5	6
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-11-2024	20-11-2024	0	0	20
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2006	30-04-2012	5	10	30
Total				8	4	28

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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	300653
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING (ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING)
Name of the faculty member	MR. NIZAMUDEEN A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	11/8, ANNA NAGAR,9TH STREET
Line 2	TIRUVANNAMALAI - 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9894299411
Email	LAMICNIZAM@GMAIL.COM
Gender	MALE
Community	OTHERS - BCM
PAN Number	AHGPN4043B
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-3586669173
Date of Birth	12-03-1983
Age	41
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
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2011	OTHERS - TAMILNADU OPEN UNIVERSITY	OTHERS - TAMILNADU OPEN UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2016	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.2	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2016	20-11-2024	8	5	20
Total				8	5	22

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 Examination 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 :

A handwritten signature in blue ink on a light brown background. The signature is stylized and appears to be 'Zuf'.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	301336
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. TAMILARASAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	342/B MANALUR PETTAI SALAI, KATTAMPUNDI
Line 2	606808
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 7867984954
Email	TAMILCIVILENGG143@GAMIL.COM
Gender	MALE
Community	MBC
PAN Number	CFKPT5055B
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1453671253
Date of Birth	05-06-1992
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.E.	CIVIL ENGINEERING	2018	S K P INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	6.27	SECOND CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2020	S.K.P. ENGINEERING COLLEGE	ANNA 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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-11-2024	21-11-2024	0	0	18
Total				0	0	18

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 Examination 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.

A handwritten signature in blue ink, appearing to read 'M. Thiriy', is positioned within a rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	301596
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. HEMAPRIYA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.78/12B, VIVEKANANDHAR STREET, TAMIL MIN NAGAR,
Line 2	TIRUVANNAMALAI, 6066601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8248530255
Email	HEMAPRIYAME09@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	AKYPH7030D
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-12345678911
Date of Birth	05-06-1992
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2013	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	6.9	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2015	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.0	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
OTHERS - REVA UNIVERSITY	ASSISTANT PROFESSOR	17-02-2017	28-02-2018	1	0	12
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-06-2024	22-11-2024	0	5	19
Total				1	6	3

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.

A handwritten signature in black ink, appearing to read 'P. K. Singh', is centered within a rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	301633
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. SATHIYA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.82/96, TIRUVALLUVAR STREET,
Line 2	TIRUVANNAMALAI, 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9940961366
Email	SATHIARASU91@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	FAMPS9995B
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-12345678911
Date of Birth	20-11-1991
Age	33
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2013	UNIVERSITY COLLEGE OF ENGINEERING PANRUTI	ANNA UNIVERSITY	84.5	FIRST CLASS	
P.G.	M.E.	EMBEDDED SYSTEM TECHNOLOGIES	2015	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	91.5	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-06-2024	22-11-2024	0	5	19
Total				0	5	21

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 Examination 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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	301773
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. RAMYA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.368, KULLAKARAI STREET, MELACHERRY POST AND VILLAGE, MELMALAIYANUR TALUK,
Line 2	VILLUPURAM, 604202
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 9952292790
Email	RAMYAANBALAGAN.90@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CLUPR8505C
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-12345678910
Date of Birth	02-07-1990
Age	34
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.E.	COMPUTER SCIENCE AND ENGINEERING	2012	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	6.9	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.8	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-06-2024	22-11-2024	0	5	19
Total				0	5	21

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.

A handwritten signature in black ink, appearing to be 'A. R. R.', is centered within a rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	302317
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. MANJUNATHAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/77,ROAD STREET, KIDAMPALAYAM POST
Line 2	TIRUVANNAMALAI 606901
District	TIRUVANNAMALAI
Telephone number	04175 - 252633
Mobile number	+91 - 9894012168
Email	MANJUNATHAN06@YAHOO.COM
Gender	MALE
Community	MBC
PAN Number	BOEPM9146J
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-42563521254
Date of Birth	03-06-1987
Age	37
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.E.	MECHANICAL ENGINEERING	2009	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	76	FIRST CLASS	
P.G.	M.E.	AERONAUTICAL ENGINEERING	2011	HINDUSTHAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	OTHERS - HINDUSTHAN UNIVERSITY	76	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-07-2011	23-11-2024	13	4	22
Total				13	4	24

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 Examination 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 :

A handwritten signature in black ink, consisting of stylized, overlapping loops and strokes, positioned to the right of the text 'Signature of the Faculty :'. The signature is contained within a rectangular box.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	302649
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. DELHIBABU G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 31/13 KANTHASAMY THERU, SAIDAPETTAI
Line 2	ARANI, 632301
District	TIRUVANNAMALAI
Telephone number	04175 - 252633
Mobile number	+91 - 9789156649
Email	DELHIBABUU@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BKGPD7628L
Passport Number	
Faculty code given by C.O.E.	5122016
Faculty code given by A.I.C.T.E.	1-1433431428
Date of Birth	22-03-1987
Age	37
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.E.	MECHANICAL ENGINEERING	2009	SAVEETHA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	77	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2012	THANTHAIPERiyar GOVERNMENT INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	7.18	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	12-07-2012	23-11-2024	12	4	12
Total				12	4	14

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 Examination 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.

A handwritten signature in black ink, appearing to be 'G. B. S.', is written over a light blue grid background.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	302879
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	M.E.-STRUCTURAL ENGINEERING
Name of the faculty member	MR. VINOTHKUMAR R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	262 MARIYAMMAN KOVIL STREET, VADAPALAI POST, MELMALAIYANAUR TALUK
Line 2	604204
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 9902345567
Email	RVINOTHCIVIL609@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	BJZPV7767A
Passport Number	
Faculty code given by C.O.E.	5122308
Faculty code given by A.I.C.T.E.	1-1446119266
Date of Birth	06-01-1995
Age	29
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.E.	CIVIL ENGINEERING	2017	DHANALA KSHMI SRINIVASAN INSTITUTE OF RESEARCH AND TECHNOLOGY	ANNA UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2021	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	84	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-03-2024	26-11-2024	0	8	23
Total				0	8	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



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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	302926
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. ARCHANA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.207/B, SANNATHI STREET, VILVARANI, KALASAPAKKAM TALUK,
Line 2	TIRUVANNAMALAI, 606906
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9655611729
Email	P.ARCHU231@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BIFPA0086E
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-12345678911
Date of Birth	04-06-1995
Age	29
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.E.	COMPUTER SCIENCE AND ENGINEERING	2016	ADHIPAR ASAKTHI ENGINEERING COLLEGE	ANNA UNIVERSITY	7.2	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2023	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.47	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-06-2024	25-11-2024	0	5	22
Total				0	5	24

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 Examination 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.

A handwritten signature in blue ink, appearing to read 'P. Arshad', is centered within a light blue rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	303652
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING (CYBER SECURITY)
Name of the faculty member	MRS. ASWINI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 39/42, THENTAMIL NAGAR, AMMAYI HOTEL BACKSIDE, TINDIVANAM ROAD
Line 2	TIRUVANNAMALAI - 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 7395938807
Email	AMMUASWINI.SAMY@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	BSCPA5490D
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2365149870
Date of Birth	19-02-1992
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.E.	COMPUTER SCIENCE AND ENGINEERING	2014	BHARATHIYAR INSTITUTE OF ENGINEERING FOR WOMEN	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2017	BHARATHIYAR INSTITUTE OF ENGINEERING FOR WOMEN	ANNA UNIVERSITY	70	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
OXFORD ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-02-2024	13-06-2024	0	4	9
Total				0	4	11

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 Examination 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.

A handwritten signature in blue ink, appearing to read "M. Hing", is positioned in the upper right corner of a rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	303709
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. SARAVANAN J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.503, PAL NAGAR, PATHIYAVADI POST, KALASAPAKKAM TALUK,
Line 2	TIRUVANNAMALAI, 606751
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9629329041
Email	SARAVAN762@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	FSQPS5629C
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-123456789111
Date of Birth	07-03-1988
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2010	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	68.5	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2014	SRI BALAJI CHOCKALINGAM ENGINEERING COLLEGE	ANNA UNIVERSITY	6.9	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-06-2024	25-11-2024	0	5	22
Total				0	5	24

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 Examination 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.

J. Santay

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	305030
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. KRITHIGA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1-65 AB, PUDUR KARIYAMANGALAM
Line 2	606709
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9952560981
Email	SIGNINKRITHI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BYZPK6064N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1224526873
Date of Birth	02-09-1988
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.E.	COMPUTER SCIENCE AND ENGINEERING	2010	JAYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	ARCHANA INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	7.2	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-11-2024	26-11-2024	0	0	23
Total				0	0	23

V. Industrial Experience :

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

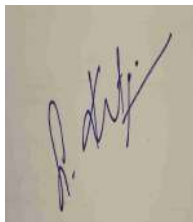
VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination 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 :

A handwritten signature in blue ink on a light brown background. The signature is cursive and appears to be 'R. K. Singh'.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291739
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. RAMESH K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.168A, CHENGAM ROAD, TIRUVANNAMALAI
Line 2	606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9600233150
Email	RAMESHMTECHENERGY@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AYAPR4506N
Passport Number	
Faculty code given by C.O.E.	5122314
Faculty code given by A.I.C.T.E.	1-830744159008
Date of Birth	10-04-1987
Age	37
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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2009	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	66	FIRST CLASS	
P.G.	M.TECH.	OTHERS - ENERGY CONSERVATION AND MANAGEMENT	2012	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	ANNA UNIVERSITY	75	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-05-2023	13-11-2024	1	6	13
Total				1	6	16

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 Examination during the last year


AUR (No. of days) 2	Squad Member (No. of days) 1	External Examiner (Practical) (No. of days) 10	Central Evaluation (No. of scripts Evaluated) 4	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.

A handwritten signature in blue ink, appearing to be 'K. R. S.', is positioned within a rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	304732
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MS. MAHALAKSHMI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	40,SOMAVARAKULAM SECOND STREET,TIRUVANNAMALAI
Line 2	TIRUVANNAMALAI,606603
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9384996334
Email	MAHALAKSHMI3666@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	FYKPP5830A
Passport Number	
Faculty code given by C.O.E.	5122000
Faculty code given by A.I.C.T.E.	1-1122334455
Date of Birth	22-05-1999
Age	25
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
P.G.	M.E.	VLSI DESIGN	2023	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.20	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-11-2024	26-11-2024	0	0	26
Total				0	0	26

V. Industrial Experience :

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

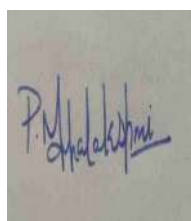
VI. C.O.E. Appointment Experience :


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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	299293
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. KUMUTHA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 170/6 SABAPATHY ACHARI STREET, AVALURPET
Line 2	MELMALAIYANUR TK
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 6379340154
Email	KUMUTHASUBRAMANI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DFFPK9568Q
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-5642319870
Date of Birth	05-01-1996
Age	28
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2017	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	6.89	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2019	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.17	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-06-2024	19-11-2024	0	5	15
Total				0	5	17

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 Examination 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 :

Kimatha S.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	312225
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MR. BHARANIDHARAN G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	63/143 CHINNAKADAI STREET, TIRUVANNAMALAI
Line 2	606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9092417761
Email	BHARANIGANESAN208@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	CEIPB3617L
Passport Number	
Faculty code given by C.O.E.	123456789
Faculty code given by A.I.C.T.E.	1-12345678910
Date of Birth	19-05-1994
Age	31
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.TECH.	INFORMATION TECHNOLOGY	2015	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	6.4	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2017	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.1	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	27-01-2025	27-01-2025	0	0	1
Total				0	0	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 Examination 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.

A handwritten signature in black ink, appearing to be 'G.B.', is centered within a light gray rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	312257
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. DINESH V J P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	132, MADHAKOVIL STREET,
Line 2	VETTAVALAM,
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8870905283
Email	VJPDINESH24@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DIUPD0464G
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-123456789
Date of Birth	24-10-1996
Age	29
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 - MATHAMETICS	2017	OTHERS - SACRED HEART COLLEGE	THIRUVALLUVAR UNIVERSITY	68	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2020	OTHERS - ST JOSEPHS INSTITUTE OF MANAGEMENT	BHARATHIDASAN 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

OTHERS

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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	27-01-2025	27-01-2025	0	0	1
Total				0	0	1

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
STOCK HOLDING	STOCK TRADER	TRADE	01-07-2020	19-07-2022	2	0	19
Total					2	0	19


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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	312270
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MRS. PRIYANGA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	475, THINDIVANNAM MAIN ROAD, SO-PUDUR VILLAGE, SOMASIPADI
Line 2	606611
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9786863161
Email	BALAJI.TDVB@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	FNKPP4059J
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-123456789
Date of Birth	06-03-1994
Age	31
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	2014	OTHERS - KAMBAN WOMENS ARTS AND SCIENCE COLLEGE	THIRUVALLUVAR UNIVERSITY	59	SECOND CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2018	OTHERS - PERIYAR UNIVERSITY DISTANCE EDUCATION	PERIYAR UNIVERSITY	65	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	27-01-2025	27-01-2025	0	0	1
Total				0	0	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 Examination 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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	312276
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. JEBASHANTHINI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	224, SO KILNACHIPATTU,
Line 2	TINDIVANAM ROAD,
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9092232840
Email	JESHA@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	HFQPM8368B
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-123789456
Date of Birth	23-07-1992
Age	33
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.TECH.	ELECTRONICS AND COMMUNICATION (ADVANCED COMMUNICATION TECHNOLOGY)	2013	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA UNIVERSITY	82	DISTINCT ION	
P.G.	M.E.	APPLIED ELECTRONICS	2015	MEENAKSHI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	77	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	24-01-2025	27-01-2025	0	0	4
Total				0	0	4

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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	312312
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MR. VELU S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	84/4, MUKTAMMA HOUSE, RAJIV GANDHI NAGAR, 2ND STREET, TIRUVANNAMALAI
Line 2	606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9486452656
Email	SRIVELUCKIT1@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	FPAPS8044J
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-123456789
Date of Birth	12-12-1989
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.TECH.	INFORMATION TECHNOLOGY	2014	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	6.25	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2017	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.5	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	27-01-2025	27-01-2025	0	0	1
Total				0	0	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 Examination 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.

A handwritten signature in blue ink, appearing to be 'Huly', is positioned in the upper left corner of a large rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	313031
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MR. PRABHU R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.17, KANNIAMMAN KOVIL STREET, NARASIMMA NAGAR, CHEYYAR,
Line 2	604407
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 7010955572
Email	PR412680@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	CKEPP2992Q
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-123456789
Date of Birth	19-03-1983
Age	42
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.E.	COMPUTER SCIENCE AND ENGINEERING	2008	PALLAVAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	60	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	ARULMIGU MEENAKSHI AMMAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	75	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	29-01-2025	29-01-2025	0	0	1
Total				0	0	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 Examination 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.

A handwritten signature in black ink on a light-colored rectangular background. The signature is cursive and appears to read 'R. K. Singh'.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	314236
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MS. MANJU I
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.14, BUDHA NAGAR, VENGIKKAL
Line 2	606604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8668156361
Email	IMANILA25@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	CNDPM4567L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-123456789
Date of Birth	25-05-1996
Age	29
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2017	ARUNAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	6.4	SECOND CLASS	
P.G.	M.E.	VLSI DESIGN	2020	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.1	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	31-01-2025	31-01-2025	0	0	1
Total				0	0	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 Examination 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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	305204
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. SUBASH RAJ R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	810 VANAVIL NAGAR 5TH STREET, VENGIKKAL
Line 2	TIRUVANNAMALAI 606604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9566789834
Email	SUBASHRAJ.R@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	EFWPS5111D
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2654139870
Date of Birth	03-07-1991
Age	33
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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2012	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.3	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2014	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	8.2	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-06-2024	26-11-2024	0	5	22
Total				0	5	24

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 Examination 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.

R. Subaling

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294369
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-TAMIL
Name of the faculty member	MS. INITHA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO,961A, METTU STREET, SANTHAVASAL.
Line 2	TIRUVANNAMALAI.606905
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 6381060940
Email	INITHASANKAR972@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	AKQPI9307N
Passport Number	
Faculty code given by C.O.E.	5122348
Faculty code given by A.I.C.T.E.	1-23451214
Date of Birth	05-10-2002
Age	22
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.	OTHERS - TAMIL	2022	OTHERS - MUTHURANGAM GOVT ARTS COLLEGE	THIRUVALUVAR UNIVERSITY	81	DISTINCTION	
P.G.	OTHERS - M.A	OTHERS - TAMIL	2024	OTHERS - MUTHURANGAM GOVT ARTS COLLEGE	THIRUVALUVAR UNIVERSITY	79	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NET

Score : 190

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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	31-08-2024	14-11-2024	0	2	15
Total				0	2	16

V. Industrial Experience :

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

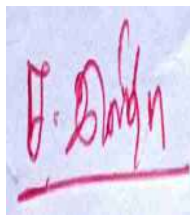
VI. C.O.E. Appointment Experience :


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 :

A handwritten signature in red ink, appearing to read 'J. D. Singh', is written over a horizontal red line. The signature is located within a rectangular box that also contains the text 'Signature of the Faculty :'. The background of the box is light blue with a subtle pattern.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	304347
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. JAYALAKSHMI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	307A MANTHOPPU SCND STREET,OTTERI ,VELLORE
Line 2	632002
District	VELLORE
Telephone number	-
Mobile number	+91 - 7639289569
Email	HARNIJAYA09@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BJPPJ9720H
Passport Number	
Faculty code given by C.O.E.	0
Faculty code given by A.I.C.T.E.	1-3425678903
Date of Birth	09-02-1990
Age	34
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 - APPLIED MATHEMATICS	2010	OTHERS - MUTTHU RANGAM GOVERNMENT ARTS COLLEGE	THIRUVALLUVAR UNIVERSITY	65	FIRST CLASS	
P.G.	M.SC.	APPLIED MATHEMATICS	2013	OTHERS - VOORHEES COLLEGE	THIRUVALLUVAR UNIVERSITY	76	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-11-2024	26-11-2024	0	0	26
Total				0	0	26

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 Examination 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.

A handwritten signature in blue ink, appearing to read "S. Jayshree", is centered within a light gray rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	305467
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. KRISHNAVENI G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	241,THIYAGI ANNAMALAI NAGAR
Line 2	606601,TIRUVANNAMALAI
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9994240104
Email	METHUNKRISHNA1984@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	IYNPK8601N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1122334466
Date of Birth	30-09-1984
Age	40
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2018	THIRUVALUVAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	6.9	SECOND CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2020	THIRUVALUVAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.7	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-11-2024	26-11-2024	0	0	26
Total				0	0	26

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 Examination 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.

A handwritten signature in blue ink on a light green background. The signature appears to be "S. Kulkarni" with a long horizontal flourish extending to the right.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	305754
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MRS. NALINI V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	PLOT NO, 1085 PERIYAR ROAD, NETHAJI STREET, METRO GRAND CITY, KUNDRATHUR
Line 2	600069
District	KANCHEEPURAM
Telephone number	-
Mobile number	+91 - 9944279506
Email	NALINI2197@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BNYPN6735M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1374698255
Date of Birth	18-06-1997
Age	27
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.E.	CIVIL ENGINEERING	2018	JEPPIAAR MAAMALLAN ENGINEERING COLLEGE	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2020	S.K.P. ENGINEERING COLLEGE	ANNA 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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-11-2024	27-11-2024	0	0	24
Total				0	0	24

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 Examination 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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	305815
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. VIJAYAKUMAR SL
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9, REDDIYAR THOTTAM, KAMARAJ NAGAR, UTHANGARAI
Line 2	635207
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 8124007303
Email	VIJAYKUMARITE@GMAIL.COM
Gender	MALE
Community	OTHERS - SCA
PAN Number	AMXPV9267H
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1237894560
Date of Birth	17-07-1984
Age	40
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.TECH.	INFORMATION TECHNOLOGY	2009	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	65	SECOND CLASS	
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2012	VELAMMAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA 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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	17-07-2024	27-11-2024	0	4	11
Total				0	4	13

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 Examination 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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	305895
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. REVATHI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	36/49 ANNA NAGAR 4TH STREET
Line 2	606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9944540357
Email	REVATHIKARTHIK241092@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CIMPR7055N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-7894561320
Date of Birth	06-05-1991
Age	33
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.E.	COMPUTER SCIENCE AND ENGINEERING	2014	UNIVERSITY COLLEGE OF ENGINEERING ARIYALUR	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2018	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	80	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-08-2024	27-11-2024	0	3	23
Total				0	3	24

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 Examination 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 :

A small, square, slightly blurry image of a handwritten signature in black ink. The signature appears to be 'P. K. K.' with a stylized flourish at the end.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	294450
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. NASRUDEEN SHA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	121/75 ANNA NAGAR
Line 2	TIRUVANNAMALAI 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8682038178
Email	SHAZAINAF@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BAHPN5807N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-132456780
Date of Birth	19-04-1991
Age	33
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.TECH.	INFORMATION TECHNOLOGY	2012	ARUNAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	62	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	OTHERS - VELS UNIVERSITY	OTHERS - VELS 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
ANNAMALAIAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-06-2019	31-05-2024	4	11	28
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2024	14-11-2024	0	5	14
Total				5	5	15

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 Examination 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 :

M. N. N. N.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	306148
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING (CYBER SECURITY)
Name of the faculty member	MRS. JOTHIPRIYA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.16/25, NEW METTU STREET,
Line 2	TIRUVANNAMALAI, 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9150480680
Email	PRIYAJ06293@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BEXPJ0609A
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-12345678910
Date of Birth	06-02-1993
Age	31
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.E.	COMPUTER SCIENCE AND ENGINEERING	2015	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	6.7	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2018	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.0	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-06-2024	27-11-2024	0	5	24
Total				0	5	26

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 Examination 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.

K. Jobuifaye

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	307575
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. ANBUKKARASI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.364 D, NETHAJI NAGAR, VENGIKKAL,
Line 2	TIRUVANNAMALAI, 600604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8762468024
Email	ANBUKKARASI.M06@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AXSPA8072F
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-1234567891
Date of Birth	06-06-1987
Age	37
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.E.	COMPUTER SCIENCE AND ENGINEERING	2009	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2011	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.2	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	13-06-2011	28-11-2024	13	5	16
Total				13	5	18

V. Industrial Experience :

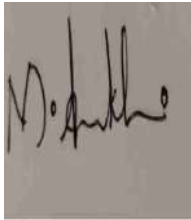
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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.

A handwritten signature in black ink, appearing to be 'N. S. Kulkarni', is centered within a rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	306516
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	M.E.-APPLIED ELECTRONICS
Name of the faculty member	MS. SREE RAMYA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.462 A, OMSAKTHI NAGAR, II STREET, VENGIKKAL,
Line 2	TIRUVANNAMALAI, 606604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8838933117
Email	SREERAMYASEKAR@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	GZRPS6418C
Passport Number	
Faculty code given by C.O.E.	1234567
Faculty code given by A.I.C.T.E.	1-1234567891
Date of Birth	26-11-1996
Age	28
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2018	R.M.K. COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.3	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2023	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.8	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-06-2024	27-11-2024	0	5	24
Total				0	5	26

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 Examination 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.

A handwritten signature in blue ink, appearing to read 'Sravya', is centered within a light gray rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	308649
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. SATHYA V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 3/135, KURUMANS STREET, SANTHUR POST AND VILLAGE,
Line 2	POCHAMPALLI TALUK, KRISHNAGIRI DISTRICT-635206.
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9159628178
Email	SATHYASIVAM512@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	FBPPS8126C
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-4213659870
Date of Birth	17-06-1993
Age	31
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2014	BHARATHI YAR INSTITUTE OF ENGINEERING FOR WOMEN	ANNA UNIVERSITY	7.45	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2016	BHARATHI YAR INSTITUTE OF ENGINEERING FOR WOMEN	ANNA UNIVERSITY	8.23	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-06-2024	29-11-2024	0	5	25
Total				0	5	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

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

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	289645
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. BALAMURUGAN G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	33, SRI MAHAGANAPATHY NAGAR,KOTAMPALAYAM,VENGIKAL POST
Line 2	TIRUVANNAMALAI, 606604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9443492401
Email	GG.BALA@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ALUPB3419R
Passport Number	
Faculty code given by C.O.E.	5122294
Faculty code given by A.I.C.T.E.	1-12393378942
Date of Birth	03-04-1974
Age	50
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
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2012	OTHERS - ACHARIYA SCHOOL OF BUSINESS AND TECHNOLOGY	MANOMANIAM SUNDARNAR UNIVERSITY	68	FIRST CLASS	
P.G.	M.SC.	OTHERS - COMPUTER SCIENCE	2009	OTHERS - SIKKIM MANIPAL UNIVERSITY	OTHERS - SIKKIM MANIPAL UNIVERSITY	C	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2012	13-11-2024	12	5	13
Total				12	5	15

V. Industrial Experience :

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

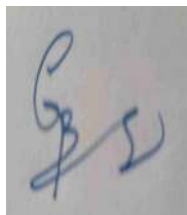
VI. C.O.E. Appointment Experience :


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) 6	Central Evaluation (No. of scripts Evaluated) 3	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 :

A handwritten signature in blue ink, appearing to be 'G. S.', is visible within the signature box.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	290711
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. KARTHIKEYAN G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.796, PILLAIYAR KOIL STREET, MELPULUDIYUR
Line 2	CHENGAM, 606709
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9043514836
Email	KARTHIMECHANICAL1986@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	DDNPK5357K
Passport Number	
Faculty code given by C.O.E.	5122307
Faculty code given by A.I.C.T.E.	1-12196076112
Date of Birth	05-06-1986
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.E.	MECHANICAL ENGINEERING	2009	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	74	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2012	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	67	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
PRIYADARSHINI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	08-08-2012	15-05-2013	0	9	8
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-06-2013	13-11-2024	11	5	10
Total				12	2	20

V. Industrial Experience :

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

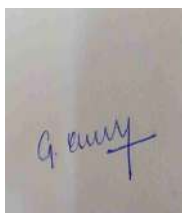
VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days) 18	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 15	Central Evaluation (No. of scripts Evaluated) 500	Re-Evaluation (No. of scripts Evaluated) 100
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

A handwritten signature in blue ink, appearing to read "G. Anny", is written on a light-colored rectangular background.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	290778
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. KARTHIKEYAN N M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	474/N VALLIAMMAL 1ST STREET, PONNUSAMY NAGAR, VENGIKKAL
Line 2	606604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9445966565
Email	N.M.KARTHIKEYAN.CIVIL@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	DESPK4797H
Passport Number	
Faculty code given by C.O.E.	5122300
Faculty code given by A.I.C.T.E.	1-17325530125
Date of Birth	31-12-1990
Age	34
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.E.	CIVIL ENGINEERING	2012	PANDIAN SARASWATHI YADAV ENGINEERING COLLEGE	ANNA UNIVERSITY	66.5	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2015	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	82	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
ARUNAI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-02-2016	25-10-2017	1	8	23
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2019	13-11-2024	5	4	13
Total				7	1	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 Examination 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)
		5	250	50

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

A handwritten signature in black ink, appearing to be 'N.M. Singh', is centered within a light gray rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	290827
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MS. AMUDHA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 11.PEY GOPURAM 8TH STREET
Line 2	606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9345881720
Email	AMMU.THILAGAM@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BLHPA0909F
Passport Number	
Faculty code given by C.O.E.	4202070
Faculty code given by A.I.C.T.E.	1-143905741148
Date of Birth	10-12-1991
Age	33
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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2012	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	72.9	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2014	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	83.5	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-01-2024	13-11-2024	0	10	4
A C T COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	09-03-2015	12-05-2016	1	2	4
Total				2	0	9

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 Examination 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)
		3	297	1

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

A handwritten signature in blue ink, appearing to read 'S. Jindha', is positioned above the label 'Signature of the Faculty :'. The signature is written in a cursive style.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	290834
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. BAKKIYARAJ V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	155, KAKAPATTI, NARIYAMANGALAM VILLAGE, SIRUNATHUR POST
Line 2	KILPENNATHUR TALUK, 604601
District	TIRUVANNAMALAI
Telephone number	04175 - 252633
Mobile number	+91 - 9940949394
Email	VBAKKIYARAJ@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BSPPB2761P
Passport Number	
Faculty code given by C.O.E.	5122239
Faculty code given by A.I.C.T.E.	1-1413139441
Date of Birth	07-06-1987
Age	37
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.E.	MECHANICAL ENGINEERING	2010	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	79	DISTINCTION	
P.G.	M.E.	ENGINEERING DESIGN	2013	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	82.5	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-06-2013	13-11-2024	11	5	11
Total				11	5	13

V. Industrial Experience :


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
TVS TURBO ENERGY LIMITED	APPRENTICE TRAINEE CNC OPERATOR	CNC OPERATOR	16-05-2006	16-05-2007	1	0	1
Total					1	0	1


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) 46	Central Evaluation (No. of scripts Evaluated) 5600	Re-Evaluation (No. of scripts Evaluated) 240
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291010
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SARANKUMAR N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	307/A MANTHOPPU II STREET KAMALAKSHIPURAM
Line 2	VELLORE 632002
District	VELLORE
Telephone number	04175 - 253153
Mobile number	+91 - 9629546520
Email	SARANKUMARTHIBI@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	EJUPS3275L
Passport Number	
Faculty code given by C.O.E.	5122018
Faculty code given by A.I.C.T.E.	1-1433431623
Date of Birth	01-04-1987
Age	37
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.E.	MECHANICAL ENGINEERING	2009	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	74	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2011	C.ABDUL HAKEEM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.4	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-09-2012	13-11-2024	12	2	4
Total				12	2	5

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
JBM AUTO SYSTEM PVT LTD	GET	PART FOLLOWING	15-02-2012	30-08-2012	0	6	14
Total					0	6	16


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) 2	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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291012
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. SARANYA G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	859/156 A , THIRUVALLUVAR NAGAR , 2ND CROSS STREET, VETTAVALAM ROAD
Line 2	TIRUVANNAMALAI , 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9486825590
Email	SARANYACHITRA1597@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DZNPG9099C
Passport Number	
Faculty code given by C.O.E.	5122311
Faculty code given by A.I.C.T.E.	1-38102671260
Date of Birth	15-10-1997
Age	27
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.E.	COMPUTER SCIENCE AND ENGINEERING	2018	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.14	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2020	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	8.12	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	08-09-2022	13-11-2024	2	2	6
Total				2	2	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.

A handwritten signature in blue ink, appearing to read 'S. S. S.', is positioned in the upper left corner of a rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291073
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. KALPANA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	60 CHELLANERI STREET
Line 2	TIRUVANNAMALAI
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8903690040
Email	SKALPANA81@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CVKPK7870B
Passport Number	
Faculty code given by C.O.E.	5123027
Faculty code given by A.I.C.T.E.	1-322401429
Date of Birth	26-09-1981
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.E.	COMPUTER SCIENCE AND ENGINEERING	2009	OTHERS - KAMBAN ENGINEERING COLLEGE	ANNA UNIVERSITY	79	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2012	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	7.7	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
S K P INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	25-06-2012	01-07-2016	4	0	7
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-07-2016	13-11-2024	8	4	12
Total				12	4	21

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) 3	Central Evaluation (No. of scripts Evaluated) 100	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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291082
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SIVASANKAR M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1026/A,KOLLA KOTTA,PARAMANANDAL VILLAGE AND POST,
Line 2	CHENGAM TALUK-606710
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9043244502
Email	M.SIVASANKAR502@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	ECRPS7064H
Passport Number	
Faculty code given by C.O.E.	5122331
Faculty code given by A.I.C.T.E.	1-44612107324
Date of Birth	07-05-1993
Age	31
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.E.	MECHANICAL ENGINEERING	2014	GANADIPATHY TULSI'S JAIN ENGINEERING COLLEGE	ANNA UNIVERSITY	65.25	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2016	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	80.01	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	27-05-2024	13-11-2024	0	5	18
ARUNAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-07-2016	01-11-2019	3	3	29
Total				3	9	21

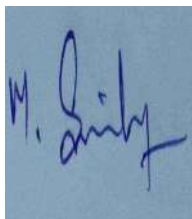
V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
BALAJI INDUSTRIES PVT LTD	GRADUATE TRAINEE	CNC OPERATOR	02-06-2014	03-09-2014	0	3	2
Total					0	3	3


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) 5	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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291193
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. SELVAKANI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	15 , NORTH SALIYAR STREET , MANALURPET
Line 2	KALLAKURICHI , 605754
District	KALLAKURICHI
Telephone number	-
Mobile number	+91 - 8608860117
Email	KANIMOZHIT21@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	SRIPS2735B
Passport Number	
Faculty code given by C.O.E.	5122333
Faculty code given by A.I.C.T.E.	1-44611926651
Date of Birth	14-03-1990
Age	34
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.TECH.	INFORMATION TECHNOLOGY	2012	PANNAI COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.19	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2018	PANNAI COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.6	SECOND 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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	27-05-2024	13-11-2024	0	5	18
Total				0	5	20

V. Industrial Experience :

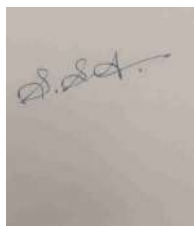
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination 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.

A handwritten signature in dark ink, appearing to be 'S. S. S.', is written on a light-colored rectangular background.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291200
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING (ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING)
Name of the faculty member	MRS. ARCHANA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	230, PERIYAYEE KOIL STREET
Line 2	MANALURPETTAI
District	KALLAKURICHI
Telephone number	-
Mobile number	+91 - 8778479289
Email	ARCHUVIJAY85@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ARGPA2819Q
Passport Number	
Faculty code given by C.O.E.	5122138
Faculty code given by A.I.C.T.E.	1-404262249
Date of Birth	15-09-1985
Age	39
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.E.	COMPUTER SCIENCE AND ENGINEERING	2007	OTHERS - KAMBAN ENGINEERING COLLEGE	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.3	DISTINCT ION	

* 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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	17-12-2007	13-11-2024	16	10	28
Total				16	10	3

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 Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 4	Central Evaluation (No. of scripts Evaluated) 100	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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291252
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MS. MEENA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.48/21D/1, VALLALAR STREET, TAMILMIN NAGAR, AVALURPET ROAD
Line 2	TIRUVANNAMALAI, 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9688533247
Email	MEENAKT10@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DMKPM5849E
Passport Number	
Faculty code given by C.O.E.	5122302
Faculty code given by A.I.C.T.E.	1-110873893845
Date of Birth	10-05-1996
Age	28
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2017	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	WIRELESS TECHNOLOGIES	2019	MADRAS INSTITUTE OF TECHNOLOGY CHROMPET	ANNA UNIVERSITY	76	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-10-2021	13-11-2024	3	1	13
Total				3	1	13

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 Examination 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)
		3	125	

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

A handwritten signature in black ink, appearing to be 'F. J. Me', is written on a light blue background.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291292
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. DHIVYA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	830,PILLAYARKOVIL STREET,PERUMBATTAM VILLAGE
Line 2	CHENGAM,606709
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9385884834
Email	KDHIVYAMATHS@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	KYXPK8619E
Passport Number	
Faculty code given by C.O.E.	5122313
Faculty code given by A.I.C.T.E.	1-138102671241
Date of Birth	16-10-1994
Age	30
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	2015	OTHERS - KAMBAN COLLEGE OF ARTS AND SCIENCE FOR WOMEN	THIRUVALUVAR UNIVERSITY	87.6	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2017	OTHERS - KAMBAN COLLEGE OF ARTS AND SCIENCE FOR WOMEN	THIRUVALUVAR UNIVERSITY	94.2	DISTINCTION	
P.G.	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2019	OTHERS - KAMBAN COLLEGE OF ARTS AND SCIENCE FOR WOMEN	THIRUVALUVAR UNIVERSITY	84	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-09-2022	13-11-2024	2	2	13
Total				2	2	14

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)			
It is certified that all the information provided are true to the best of my knowledge.							
<div style="text-align: center;">  </div>							
Signature of the Faculty :							

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291303
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. RAJESH R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	333, PILLAIYAR KOVIL STREET, PONNANTHANGAL VILLAGE
Line 2	PILLUR, THENPALLIPATTU POST, KALASAPAKKAM TK
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9790162655
Email	RAJESHECE056@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BQIPR7906R
Passport Number	
Faculty code given by C.O.E.	5122241
Faculty code given by A.I.C.T.E.	1-2190862241
Date of Birth	25-01-1989
Age	35
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2010	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2012	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	7.5	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
KANCHI PALLAVAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-07-2012	31-05-2013	0	10	27
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-06-2013	13-11-2024	11	5	11
Total				12	4	10

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	1	3	300	25

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

Signature of the Faculty :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291312
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. MANIGANDAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	358, THIYAGI ANNAMALAI NAGAR , OPP DSP OFFICE
Line 2	TIRUVANNAMALAI , 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8220404849
Email	MANISMCS@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	ECHPM2814K
Passport Number	Z4551880
Faculty code given by C.O.E.	5122327
Faculty code given by A.I.C.T.E.	1-44611926626
Date of Birth	23-10-1994
Age	30
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.E.	COMPUTER SCIENCE AND ENGINEERING	2018	ARUNAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	6.9	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2022	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.9	DISTINCT ION	

* 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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	26-02-2024	21-11-2024	0	8	25
Total				0	8	29

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
HEXA CORP LLC	SHARE POINT DEVELOPER	ASSOCIATE PROGRAMMER	27-07-2018	09-01-2020	1	5	14
SMART TRAINING RESOURCE PVT LMT	TECHNICAL TRAINER	TEACHING	01-06-2022	29-12-2023	1	6	29
Total					3	0	12


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) 5	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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291432
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. SARANYADEVI RAMARAJ
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	243/5 VALAN NAGAR VETTAVALAM
Line 2	606754
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 8220617592
Email	SARANYARAMARAJ@SKPEC.IN
Gender	FEMALE
Community	BC
PAN Number	DZIPS7132D
Passport Number	
Faculty code given by C.O.E.	5122309
Faculty code given by A.I.C.T.E.	1-138102671308
Date of Birth	17-11-1986
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
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - MANAGEMENT STUDIES	2011	OTHERS - JAMAL MOHAMMED COLLEGE	BHARATH IDASAN UNIVERSITY	80	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
OTHERS - LOYOLA COLLEGE	ASSISTANT PROFESSOR	19-07-2016	31-05-2018	1	10	13
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	06-07-2022	13-11-2024	2	4	8
INFANT JESUS COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	03-07-2012	18-05-2013	0	10	16
Total				5	1	9

V. Industrial Experience :

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

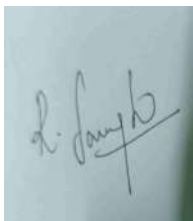
VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination 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 :

A handwritten signature in black ink, appearing to read 'R. Singh', is written on a light blue background. The signature is stylized with a long horizontal stroke at the end.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291495
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	M.E.-APPLIED ELECTRONICS
Name of the faculty member	MR. BASKAR N S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	383B,OM SAKTHI NAGAR,VENGIKKAL,TIRUVANNAMALAI
Line 2	TIRUVANNAMALAI 606 604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 6369864762
Email	NSBASKAR@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AOMPB7617L
Passport Number	
Faculty code given by C.O.E.	5114108
Faculty code given by A.I.C.T.E.	1-760964549
Date of Birth	20-04-1977
Age	47
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.	OTHERS - AMIE	ELECTRONICS AND COMMUNICATION ENGINEERING	2006	OTHERS - AMIE	OTHERS - THE INDIAN INSTITUTE OF ENGINEERS INDIA	6.1	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2012	THIRUVALLUVAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.6	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	08-07-2024	13-11-2024	0	4	6
OXFORD COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-09-2023	05-07-2024	0	10	5
Total				1	2	13

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 Examination 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 :

A handwritten signature in blue ink, appearing to read "N.S. Sharma", is written on a light-colored background.

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291648
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. VANITHA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	21 SRI BHAGAVAN NAGAR , RAMANA GARDEN
Line 2	TIRUVANNAMALAI 606603
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 7339507795
Email	VANI3SEKAR@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	AMDPV8664Q
Passport Number	
Faculty code given by C.O.E.	5122318
Faculty code given by A.I.C.T.E.	1-43868459994
Date of Birth	03-04-1987
Age	37
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2009	PRINCE SHRI VENKATESHWARAA PADMAVATHY ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.5	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2013	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.6	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	20-09-2023	13-11-2024	1	1	24
Total				1	1	24

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
CMC LTD	ASSOCIATE TRAINEER	NETWORK ENGINEER	08-12-2010	15-11-2011	0	11	8
Total					0	11	12


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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291787
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MS. SAMHITHA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	82 SATTANAYAKKAN STREET, NEAR AMUTHA BEAUTI PARLOR
Line 2	TIRUVANNAMALAI 606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9443702892
Email	SAMHITHA.MUTHU@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CFDPM0794R
Passport Number	
Faculty code given by C.O.E.	5122321
Faculty code given by A.I.C.T.E.	1-43871294598
Date of Birth	28-04-1992
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.E.	COMPUTER SCIENCE AND ENGINEERING	2013	ARUNAI ENGINEERING COLLEGE	ANNA UNIVERSITY	8.2	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.75	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	11-10-2023	13-11-2024	1	1	3
Total				1	1	3

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
CTS	SR SYSTEM ENGINEER	PRODUCTION AND APPLICATION SUPPORT	22-01-2016	08-08-2017	1	6	18
Total					1	6	20

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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291882
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. KAUDILYAR R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.52/22, MELATHIKKAN STREET, TIRUKOVILUR ROAD, TIRUVANNAMALAI
Line 2	606601
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9894203493
Email	KAUDI10@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BYMPR9039K
Passport Number	
Faculty code given by C.O.E.	5122315
Faculty code given by A.I.C.T.E.	1-43868459666
Date of Birth	25-04-1987
Age	37
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.TECH.	INFORMATION TECHNOLOGY	2009	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	6.6	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	OTHERS - SATHYABAMA UNIVERSITY	OTHERS - SATHYABAMA UNIVERSITY	6.26	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
OXFORD ENGINEERING COLLEGE	ASSISTANT PROFESSOR	22-01-2019	07-07-2023	4	5	17
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	12-07-2023	13-11-2024	1	4	2
Total				5	9	23

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
SIFY TECHNOLOGIES	SENIOR ASSOCIATE	NETWORK ADMIN	29-06-2015	28-12-2018	3	5	30
Total					3	5	2


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) 1	Squad Member (No. of days) 1	External Examiner (Practical) (No. of days) 3	Central Evaluation (No. of scripts Evaluated) 3	Re-Evaluation (No. of scripts Evaluated) 1
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	291866
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. DEVARAJ P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	572, VASANTHAPURAM VILLAGE, NAIDUMANGALAM
Line 2	TIRUVANNAMALAI TALUK,
District	TIRUVANNAMALAI
Telephone number	04175 - 252633
Mobile number	+91 - 8098707201
Email	DEVARAJPALANI1992@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BWIPD6472N
Passport Number	
Faculty code given by C.O.E.	5122319
Faculty code given by A.I.C.T.E.	1-2222244444
Date of Birth	06-06-1992
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 - RTG ARTS AND SCIENCE COLLEGE POLUR	THIRUVAL LUVAR UNIVERSITY	74	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2015	OTHERS - INDIAN ARTS AND SCIENCE COLLEGE	THIRUVAL LUVAR UNIVERSITY	75	FIRST CLASS	
OTHERS - M. PHIL	OTHERS - M. PHIL	OTHERS - MATHEMATICS	2016	OTHERS - INDIAN ARTS AND SCIENCE COLLEGE	THIRUVAL LUVAR UNIVERSITY	93	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	14-09-2023	13-11-2024	1	1	30
Total				1	1	0

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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	292077
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. KALAIYARASI A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	42 B, MAIN ROAD,
Line 2	PAVUPATTU VILLAGE
District	TIRUVANNAMALAI
Telephone number	04175 - 252633
Mobile number	+91 - 9445147415
Email	AYYAPPAAAAA@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CDNPK6723N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-421167297
Date of Birth	05-06-1985
Age	39
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	2005	OTHERS - GOVT ARTS COLLEGE	UNIVERSITY OF MADRAS	72	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2009	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	60	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2011	OTHERS - SHANMUGA ARTS COLLEGE	THIRUVALLUVAR UNIVERSITY	79	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	25-08-2015	13-11-2024	9	2	20
S K P INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-08-2011	24-08-2015	4	0	24
Total				13	3	15

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 :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	292168
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MR. SAKTHIVEL T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	200, KIL CHETTIPATTU
Line 2	THANDARAMPATTU ROAD, TIRUVANNAMALAI
District	TIRUVANNAMALAI
Telephone number	04175 - 252633
Mobile number	+91 - 9600942600
Email	SAKTHIJOHN85@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CCLPS0923F
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-7324241492
Date of Birth	02-07-1985
Age	39
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 - CHEMISTRY	2005	OTHERS - SACRED HEART COLLEGE	UNIVERSITY OF MADRAS	70	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2008	OTHERS - PRESIDENCY COLLEGE	UNIVERSITY OF MADRAS	72	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - CHEMISTRY	2013	OTHERS - MEENAKSHI UNIVERSITY	OTHERS - MEENAKSHI UNIVERSITY	68	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2018	13-11-2024	6	5	13
Total				6	5	15

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 :**

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	292609
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. NEELAVENI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 235 THENMETTU STREET, DURGAINAMIYANTHAL, TIRUVANNAMALAI
Line 2	606604
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 6379342013
Email	NEELAPANNEERSELVAM1994@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	AOPPN5431B
Passport Number	
Faculty code given by C.O.E.	5122330
Faculty code given by A.I.C.T.E.	1-43905741248
Date of Birth	19-07-1994
Age	30
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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2015	S K P INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	64	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2017	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	78	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-01-2024	14-11-2024	0	10	5
Total				0	10	10

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.

P. Neelaveni

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	293165
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. SYED ZAHEERUDDIN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/69, SRI LAKSHMI GUBERA NAGAR, SO KILNACHIPET
Line 2	TIRUVANNAMALAI 606611
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9443142927
Email	ZAHEERZEE76@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BJCPS2822L
Passport Number	
Faculty code given by C.O.E.	5122297
Faculty code given by A.I.C.T.E.	1-2402925552
Date of Birth	13-12-1976
Age	48
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.COM.	COMMERCE	1999	OTHERS - MOHAMMED SATHAK COLLEGE OF ARTS AND SCIENCE COLLEGE CHENNAI	OTHERS - MADRAS UNIVERSITY	49	FIRST CLASS	
P.G.	OTHERS - MCOM	OTHERS - COMMERCE	2014	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	59	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2014	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	61	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-05-2014	14-11-2024	10	6	14
Total				10	6	17

V. Industrial Experience :

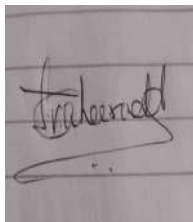
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


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) 1	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 :



Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	293272
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. SUTHAKARAN K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 33/13 METTU STREET, KANNAMANGALAM, ARNI TK
Line 2	TIRUVANNAMALAI
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9442540705
Email	SUTHAKARAN@YMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BTKPS4373Q
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-123456789
Date of Birth	10-06-1980
Age	44
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.	OTHERS - AMIE	OTHERS - ELECTRICAL ENGINEERING	2015	OTHERS - THE INSTITUTE OF ENGINEERS INDIA	OTHERS - THE INSTITUTE OF ENGINEERS INDIA	6.93	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2020	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	8.03	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	21-06-2021	14-11-2024	3	4	24
Total				3	4	26

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 Examination 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.

A handwritten signature in black ink, appearing to be 'Dr. Ahmed', is centered within a light gray rectangular box.

Signature of the Faculty :

Name of the College	5122 - S.K.P. ENGINEERING COLLEGE
Faculty ID	293381
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. PURUSHOTHAMAN K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/18, NORTH STREET, VADATHORASALUR, VILLUPURAM
Line 2	606206
District	KALLAKURICHI
Telephone number	-
Mobile number	+91 - 9655774999
Email	LKPURUSHOTHAMAN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	EMQPK0512P
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-19315452512
Date of Birth	14-08-1991
Age	33
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.E.	CIVIL ENGINEERING	2013	A.K.T.MEMORIAL COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	73.5	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2015	S.K.P. ENGINEERING COLLEGE	ANNA UNIVERSITY	83	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
S.K.P. ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-02-2020	14-11-2024	4	9	12
Total				4	9	16

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 Examination 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.

A handwritten signature in black ink, appearing to be 'KPS' with a small flourish at the end.

Signature of the Faculty :

