







**Anna University, Chennai
Mookambigai College of Engineering - 8128**

**Consolidated_Report
13.faculty**

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. ELANGO VAN R
Regular Or Adjunct	Regular
Image	
Present Designation	PRINCIPAL
Residential Address Line 1	PLOT NO. 69, KALYANA SUNDARAM NAGAR KK NAGAR
Line 2	TRICHY 620021
District	THIRUCHIRAPPALLI
Telephone number	0431 - 2341560
Mobile number	+91 - 9443708560
Email	PRINCIPAL@MOOKAMBIGAI.AC.IN
Gender	MALE
Community	BC
PAN Number	AAEPE7892A
Passport Number	
Aadhar Number	315336815029
Faculty code given by C.O.E.	8128336
Faculty code given by A.I.C.T.E.	1426962124
Date of Birth	05-06-1965
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.E.	MECHANICAL ENGINEERING	1989	TAMILNADU COLLEGE OF ENGINEERING	BHARATHIYAR UNIVERSITY	68	FIRST CLASS	
P.G.	M.TECH.	OTHERS - ENERGY ENGINEERING	1997	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI	65	FIRST CLASS	
PH.D.	PH.D.	PRODUCTION ENGINEERING	2012	OTHERS - VINAYAKA MISSIONS UNIVERSITY SALEM	OTHERS - VINAYAKA MISSIONS UNIVERSITY SALEM	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis	CHARACTERIZATION OF ALUMINIUM FLY ASH PARTICULATE METAL MATRIX COMPOSITE USING STIR CASTING METHOD
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
MOOKAMBIGAI COLLEGE OF ENGINEERING	PRINCIPAL	23-02-2015	03-06-2024	9	3	9
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - DEAN STUDENT AFFAIRS	09-02-2015	22-02-2015	0	0	14
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	08-01-1993	30-04-2001	8	3	24
PALLAVAN COLLEGE OF ENGINEERING	PRINCIPAL	04-02-2013	11-12-2013	0	10	8
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	04-01-2014	07-02-2015	1	1	4
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	01-11-2009	28-01-2013	3	2	28
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-09-2005	31-10-2009	4	1	30
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - SENIOR LECTURER	01-05-2001	31-08-2005	4	3	31
Total				31	3	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**

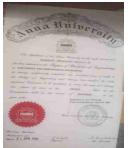
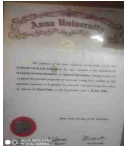

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		100	1000	100

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	DR. SUNDAR PRAKASH BALAJI M
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	B-3, SHIVA RUBY RESIDENCY 65, GODAVARI STREET
Line 2	YAGAPPA NAGAR
District	THANJAVUR
Telephone number	-
Mobile number	+91 - 9944641613
Email	BALAJIHARSHAVARDHINI@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AGYPB0744Q
Passport Number	
Aadhar Number	700440344219
Faculty code given by C.O.E.	7129011
Faculty code given by A.I.C.T.E.	17461218879
Date of Birth	23-10-1971
Age	53
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	1993	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	58	SECOND CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2005	MAHARAJA ENGINEERING COLLEGE	ANNA UNIVERSITY	74	FIRST CLASS	
PH.D.	PH.D.	OTHERS - INFORMATION AND COMMUNICATION ENGINEERING	2017	SURYA ENGINEERING COLLEGE	ANNA UNIVERSITY	COMMENDED		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

DESIGN AND INVESTIGATIONS OF NOVEL LOW POWER FPGA ROUTING SWITCHES

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
JAYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	26-08-2002	30-06-2003	0	10	6
COIMBATORE INSTITUTE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	19-01-2005	30-04-2007	2	3	13
KARPAGAM COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	16-06-2008	11-05-2011	2	10	26
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	13-04-2022	03-06-2024	2	1	21
KINGS COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	11-06-2007	30-04-2008	0	10	20
R V S TECHNICAL CAMPUS COIMBATORE	ASSISTANT PROFESSOR	08-06-2011	31-05-2017	5	11	23
R V S COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	PROFESSOR	05-02-2020	31-12-2021	1	10	25
R V S TECHNICAL CAMPUS COIMBATORE	PROFESSOR	01-06-2017	04-02-2020	2	8	4
Total				19	7	24

V. Industrial Experience :

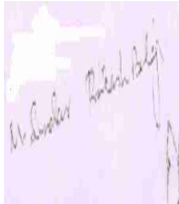
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
50	50	100	500	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	DR. VALSAKUMARI M.K.
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	18, NEHRU STREET, EDAMALAI PATTIPUDUR
Line 2	TRICHY , 620 012
District	THIRUCHIRAPPALLI
Telephone number	0431 - 2472771
Mobile number	+91 - 9486916510
Email	MKVALSAKUMARI@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	AAFPV0976M
Passport Number	
Aadhar Number	561096614480
Faculty code given by C.O.E.	8128012
Faculty code given by A.I.C.T.E.	1430209881
Date of Birth	26-06-1961
Age	63
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.SC.	APPLIED CHEMISTRY	1983	OTHERS - REGIONAL ENGINEERING COLLEGE TRICHY	OTHERS - MADRAS UNIVERSITY	69	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - APPLIED CHEMISTRY	1986	OTHERS - REGIONAL ENGINEERING COLLEGE TRICHY	BHARATHI DASAN UNIVERSITY	60	FIRST CLASS	
PH.D.	PH.D.	OTHERS - CHEMISTRY	1991	OTHERS - REGIONAL ENGINEERING COLLEGE TRICHY	BHARATHI DASAN UNIVERSITY	YES		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

STUDIES ON MEDICINAL PLANTS

III. Faculty in which Ph.D. was awarded

FACULTY OF SCIENCE AND HUMANITIES

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
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	25-08-2006	03-06-2024	17	9	10
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	15-07-1991	01-01-1998	6	5	18
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - SENIOR LECTURER	02-01-1998	30-04-2001	3	3	30
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-05-2001	24-08-2006	5	3	24
Total				32	10	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)
10		100	500	100

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. RAJENDRAN S
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	103,MKB EXPRESS APARTMENT, ANBILDHARMALINGAM STREET, KK NAGAR
Line 2	TRICHY, 620021
District	THIRUCHIRAPPALLI
Telephone number	0000 - 000000
Mobile number	+91 - 9443135702
Email	SUBBIAHRAJENDRAN69@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AFGPR0817K
Passport Number	H2267695
Aadhar Number	817977141029
Faculty code given by C.O.E.	8128007
Faculty code given by A.I.C.T.E.	1426762531
Date of Birth	10-06-1969
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	1993	ALAGAPPA CHETTIAR GOVERNMENT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	63.14	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	1999	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI	BHARATHIDASAN UNIVERSITY	54	SECOND CLASS	
PH.D.	PH.D.	CONTROL SYSTEMS	2015	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	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

INTELLIGENT CONTROLLER DESIGN FOR DYNAMIC SYSTEM

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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	31-08-2005	24-08-2006	0	11	25
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	25-08-2006	03-06-2024	17	9	10
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	14-06-1995	30-08-2005	10	2	16
Total				28	11	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)
50	20	100	1000	100

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	DR. DENNIS RAJ A
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	NO. 3A/5, PANDAMAGALAM CHETTY STREET
Line 2	WORAIYUR, TRICHY-620003
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9566498951
Email	DENNIS_LIVE@YAHOO.CO.IN
Gender	MALE
Community	BC
PAN Number	BXXPD5372D
Passport Number	NIL
Aadhar Number	656598905926
Faculty code given by C.O.E.	8128105
Faculty code given by A.I.C.T.E.	11433664055
Date of Birth	05-12-1982
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 - PHYSICS	2003	OTHERS - ST JOSEPH COLLEGE	BHARATH IDASAN UNIVERSITY	66	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - PHYSICS	2007	OTHERS - PERIYAR UNIVERSITY	PERIYAR UNIVERSITY	70	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2005	OTHERS - PERIYAR EVR COLLEGE	BHARATH IDASAN UNIVERSITY	71	FIRST CLASS	
PH.D.	PH.D.	PHYSICS	2018	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	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

SYNTHESIS GROWTH AND CHARACTERIZATION OF ORGANIC NLO SINGLE CRYSTALS FOR ELECTRO OPTIC APPLICATIONS

III. Faculty in which Ph.D. was awarded

FACULTY OF SCIENCE AND HUMANITIES

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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-12-2012	30-04-2018	5	4	31
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	01-08-2007	30-11-2012	5	3	31
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	01-05-2018	03-06-2024	6	1	3
Total				16	10	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)
50	10	100	500	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	DR. VIJAYA REKA V
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	1/128A, NORTH SECOND STREET, POOLANGUDI COLONY, HAPP POST
Line 2	THIRUCHIRAPPALLI - 620025
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9965798000
Email	REKARAMKUMAR2006@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AIYPV2355F
Passport Number	
Aadhar Number	531952915461
Faculty code given by C.O.E.	8128052
Faculty code given by A.I.C.T.E.	1422799873
Date of Birth	11-04-1981
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.A.	ENGLISH	2002	OTHERS - KUNTHAVAI NATCHIYAR COLLEGE	OTHERS - BHARATHI DASAN UNIVERSITY	56	SECOND CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2004	OTHERS - BHARATHI DASAN UNIVERSITY	OTHERS - BHARATHI DASAN UNIVERSITY	56	SECOND CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - ENGLISH	2007	OTHERS - BHARATHI DASAN UNIVERSITY	BHARATHI DASAN UNIVERSITY	71	FIRST CLASS	
PH.D.	PH.D.	ENGLISH	2017	OTHERS - DRAVIDIAN UNIVERSITY	OTHERS - DRAVIDIAN UNIVERSITY	COMMENDED		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

CONDITIONS OF DISLOCATION AND ISOLATION IN SELECT WORKS OF BHARATI MUKHERJEE

III. Faculty in which Ph.D. was awarded

FACULTY OF SCIENCE AND HUMANITIES

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
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	04-07-2017	03-06-2024	6	10	31
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-12-2012	03-07-2017	4	7	3
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	01-09-2008	30-11-2012	4	2	30
Total				15	9	8

V. Industrial Experience :

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

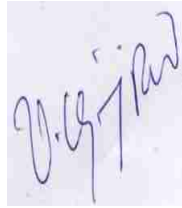
VI. C.O.E. Appointment Experience :


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

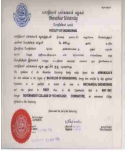


AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
5	5	25	250	25

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. ANNAMALAI N
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	M - 126, PHASE II, ANNA NAGAR
Line 2	TIRUCHIRAPPALLI - 620026
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9443649875
Email	NANN_33@YAHOO.COM
Gender	MALE
Community	OC
PAN Number	AEUPA1488C
Passport Number	
Aadhar Number	799276599938
Faculty code given by C.O.E.	8128087
Faculty code given by A.I.C.T.E.	429775901
Date of Birth	25-03-1966
Age	58
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	1997	GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	67.46	FIRST CLASS	
P.G.	M.TECH.	OTHERS - MANUFACTURING TECHNOLOGY	2005	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI	8.26	FIRST CLASS	
PH.D.	PH.D.	ADVANCED MANUFACTURING TECHNOLOGY	2016	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	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

INVESTIGATION ANALYSIS MODELING AND OPTIMIZATION OF PROCESS PARAMETERS FOR MACHINING VARIOUS STEELS ON ELECTRICAL DISCHARGE MACHINE

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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	17-07-1997	31-08-2007	10	1	15
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	05-08-2016	03-06-2024	7	9	30
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	01-12-2012	04-08-2016	3	8	4
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - SENIOR LECTURER	01-09-2007	31-12-2007	0	3	30
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-01-2008	30-11-2012	4	10	31
Total				26	10	25

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
P S G INDUSTRIAL INSTITUTE COIMBATORE	ASSISTANT TRAINING OFFICER	TRAINING PSG TECH B E SANDWICH STUDENTS	01-04-1988	15-07-1997	9	3	15
Total					9	3	16

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)
7	1	100	1000	100

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. VALARMATHI P
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	PLOT NO 937 PERIYAR NAGAR
Line 2	PUDUKKOTTAI - 622003
District	PUDUKKOTTAI
Telephone number	04322 - 260202
Mobile number	+91 - 9488019167
Email	VGOODMATHI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ACDPV9113G
Passport Number	N0
Aadhar Number	292795885149
Faculty code given by C.O.E.	8128056
Faculty code given by A.I.C.T.E.	1458708961
Date of Birth	15-07-1970
Age	54
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	1991	MOOKAMBIGAI COLLEGE OF ENGINEERING	BHARATHI DASAN UNIVERSITY	63	FIRST CLASS	
P.G.	M.E.	OTHERS - INFORMATION TECHNOLOGY	2007	OTHERS - VMKV ENGINEERING COLLEGE	OTHERS - VINAYAKA MISSION UNIVERSITY	79	DISTINCTION	
PH.D.	PH.D.	COMPUTER SCIENCE ENGINEERING	2017	MOUNT ZION COLLEGE OF ENGINEERING AND TECHNOLOGY	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	NEURAL NETWORK BASED ARCHITECTURE FOR MAMMOGRAM CLASSIFICATION USING GENETIC ALGORITHM
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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	17-07-1996	31-10-2007	11	3	15
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	01-11-2009	03-06-2024	14	7	3
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2007	31-10-2009	1	11	30
Total				27	10	23

V. Industrial Experience :

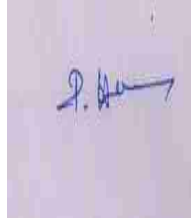
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
NIZAM SUPARI PUDUKKOTTAI	PROGRAMMER	PROGRAMMING	01-06-1991	16-07-1996	5	1	16
Total					5	1	16


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)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
20	1	100	1000	100

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	DR. SIVAKUMAR M
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	D2/T4 ROHINI GARDEN ENCLAVE, TENNUR
Line 2	TRICHY,620017
District	THIRUCHIRAPPALLI
Telephone number	04339 - 262141
Mobile number	+91 - 9884107824
Email	SIVA_25@REDIFFMAIL.COM
Gender	MALE
Community	BC
PAN Number	AOTPS7105P
Passport Number	
Aadhar Number	730032655037
Faculty code given by C.O.E.	8128110
Faculty code given by A.I.C.T.E.	1425541534
Date of Birth	11-04-1975
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.SC.	OTHERS - MATHEMATICS	1995	OTHERS - BISHOP HEBER COLLEGE	BHARATHI DASAN UNIVERSITY	77	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2006	JJ COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	76	DISTINCTION	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	1998	OTHERS - JAMAL MOHAMED COLLEGE	BHARATHI DASAN UNIVERSITY	74	FIRST CLASS	
PH.D.	PH.D.	COMPUTER SCIENCE AND ENGINEERING	2016	ANNA UNIVERSITY REGIONAL CAMPUS, TIRUCHIRAPPALLI	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

AN IMPROVED META HEURISTIC BASED CLOUD SCHEDULING ALGORITHM FOR DATA CENTRIC APPLICATIONS WITH OFFLOADING

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
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	25-08-2016	03-06-2024	7	9	10
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	25-08-2006	30-11-2012	6	3	7
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	16-12-1998	24-08-2006	7	8	9
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	01-12-2012	24-08-2016	3	8	24
Total				25	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 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)
9		25	500	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. MARIAPPAN M
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	NO-3, KALIAMMAN KOVIL STREET, KHAJA MALAI POST
Line 2	TRICHY,620 023
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9994047493
Email	MMARIAPPAN77@YAHOO.COM
Gender	MALE
Community	BC
PAN Number	AQZPM5912G
Passport Number	H9233560
Aadhar Number	841708114434
Faculty code given by C.O.E.	8128162
Faculty code given by A.I.C.T.E.	1427495617
Date of Birth	03-06-1977
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.	AUTOMOBILE ENGINEERING	1999	GOVERNMENT COLLEGE OF ENGINEERING, ERODE (FORMERLY INSTITUTE OF ROAD AND TRANSPORT TECHNOLOGY)	BHARATHIYAR UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2007	ALAGAPPA CHETTIAR GOVERNMENT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	73	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	17-05-2014	31-03-2024	9	10	15
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	09-07-2007	31-10-2009	2	3	23
OTHERS - SESHASAYEE INSTITUTE OF TECHNOLOGY	OTHERS - LECTURER	03-08-1999	31-05-2005	5	9	29
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2009	16-05-2014	4	6	16
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	01-04-2024	04-06-2024	0	2	4
Total				22	8	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)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		25	500	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	DR. ESWARI P.K
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	C-9, CHOLA APARTMENTS, FIRST MAIN ROAD, RAMALINGANAGAR, WORAIYUR
Line 2	TRICHY, 620003
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9976803763
Email	PKESH70@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AAFPE1492F
Passport Number	
Aadhar Number	518789452889
Faculty code given by C.O.E.	8128147
Faculty code given by A.I.C.T.E.	1432339841
Date of Birth	05-05-1970
Age	54
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	1993	OTHERS - CAUVERY COLLEGE FOR WOMEN TRICHY	BHARATHI DASAN UNIVERSITY	77.5	DISTINCTION	
P.G.	M.SC.	OTHERS - MATHS	1995	OTHERS - SRC TRICHY	BHARATHI DASAN UNIVERSITY	82.5	DISTINCTION	
P.G.	OTHERS - M.PHIL	OTHERS - MATHS	2011	OTHERS - ALAGAPPA UNIVERSITY	ALAGAPPA UNIVERSITY	59.7	SECOND CLASS	
PH.D.	PH.D.	MATHEMATICS	2020	OTHERS - PERIYAR EVE COLLEGE	BHARATHI DASAN UNIVERSITY	YES		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- SLET

Score : 192

File :

II. Title of Ph.D. Thesis

FIXED POINT THEOREMS ON SYMMETRIC SPACES AND PARTIALLY SYMMETRIC METRIC SPACES AND THEIR APPLICATIONS

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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	14-07-1995	30-10-2009	14	3	17
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	02-01-2014	31-03-2021	7	2	30
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2009	01-01-2014	4	2	1
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	01-04-2021	03-06-2024	3	2	3
Total				28	10	25

V. Industrial Experience :

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

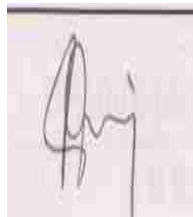
VI. C.O.E. Appointment Experience :


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)
5			500	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	DR. KUMAR R
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	NO 16/1 BRINDAVAN STREET, ANAND NAGAR, LIC COLONY
Line 2	TIRUCHY-620021
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9865031411
Email	RKUMARSVR@YAHOO.COM
Gender	MALE
Community	BC
PAN Number	AALPK7952N
Passport Number	
Aadhar Number	279510796371
Faculty code given by C.O.E.	8128036
Faculty code given by A.I.C.T.E.	1429566301
Date of Birth	09-06-1962
Age	62
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.SC.	OTHERS - MATHEMATICS	1985	OTHERS - RAAJAH SERFOJI GOVT ARTS COLLEGE THANJAVUR	BHARATH IDASAN UNIVERSITY	64	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MATHEMATICS	1992	OTHERS - AVVM SRI PUSHPAM POONDI	BHARATH IDASAN UNIVERSITY	75	DISTINCTION	
PH.D.	PH.D.	MATHEMATICS	2011	OTHERS - JMC TRICHY	BHARATH IDASAN UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

OPTIMIZATION OF SINGLE AND MULTI OBJECTIVE FUZZY INVENTORY MODELS IN FINITE AND INFINITE PRODUCTION RATES WITH CONSTRAINS

III. Faculty in which Ph.D. was awarded

FACULTY OF SCIENCE AND HUMANITIES

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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - SENIOR LECTURER	19-06-1995	30-04-2001	5	10	12
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	03-10-1985	18-06-1995	9	8	16
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-05-2001	31-12-2007	6	7	31
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	01-01-2008	03-06-2024	16	5	3
Total				38	8	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)
25	2		1000	100

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. VASUDEVAN P
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	F,F4,HOUSING UNIT,SALAI ROAD
Line 2	WORİYUR,TRICHY-620003
District	THIRUCHIRAPPALLI
Telephone number	0431 - 2768553
Mobile number	+91 - 9443559408
Email	VASUDEVAN62@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	AAEPV3545M
Passport Number	
Aadhar Number	547168155945
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1764415596
Date of Birth	03-06-1961
Age	63
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	1997	OTHERS - BHARATHI DASAN UNIVERSITY	BHARATHI DASAN UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2006	OTHERS - SATHYA BAMA INSTITUTE OF SCIENCE AND TECHNOLOGY	OTHERS - SATHYA BAMA INSTITUTE OF SCIENCE AND TECHNOLOGY	78	DISTINCTION	
PH.D.	PH.D.	COMPUTER SCIENCE AND ENGINEERING	2022	OTHERS - BHARATHI INSTITUTE OF ENGINEERING	OTHERS - BHARATHI INSTITUTE OF ENGINEERING	COMMENDABLE		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

AN MULTI OBJECTIVE OPTIMIZATION ALGORITHM FOR THE DESIGN OF SENTIMENT ANALYSIS IN CLOUD

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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	21-12-1987	30-06-1997	9	6	11
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	08-08-2006	31-08-2019	13	0	24
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	01-09-2019	03-06-2024	4	9	3
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-07-1997	07-08-2006	9	1	7
Total				36	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


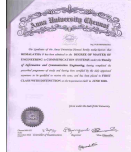
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. HEMALATHA J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	738, PERIYAR NAGAR
Line 2	PUDUKKOTTAI - 622003
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 9944884808
Email	HEMABALAN2001@YAHOO.COM
Gender	FEMALE
Community	BC
PAN Number	ABFPH1292P
Passport Number	
Aadhar Number	927270311157
Faculty code given by C.O.E.	8128111
Faculty code given by A.I.C.T.E.	1426762539
Date of Birth	27-12-1976
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	1999	OTHERS - PERIYAR MANIAMMAI COLLEGE OF TECH FOR WOMEN	BHARATHI DASAN UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2008	PAVENDAR BHARATHI DASAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	84	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	19-12-2000	31-08-2006	5	8	13
OTHERS - JJ COLLEGE OF ARTS AND SCIENCE	OTHERS - LECTURER	18-08-1999	15-12-2000	1	3	29
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	02-07-2008	31-10-2009	1	3	30
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	01-12-2012	03-06-2024	11	6	3
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2009	30-11-2012	3	0	30
Total				22	11	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 :

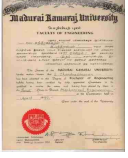
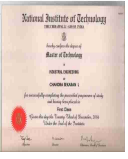
Capacity at which service is extended for the conduct of Exmination during the last year

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)
	2	100	500	100

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

Signature of the Faculty : 

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. CHANDRA SEKARAN L
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	PLOT NO-3, RATHINA ILLAM, NEAR RAJA NURSERY GARDEN
Line 2	KOTTAPATTU, TRICHY-620 007
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9942138300
Email	LCRINGUS@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ADJPC4242N
Passport Number	
Aadhar Number	610383396140
Faculty code given by C.O.E.	8128156
Faculty code given by A.I.C.T.E.	1427495539
Date of Birth	04-05-1975
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.E.	MECHANICAL ENGINEERING	1997	R V S COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	63.80	FIRST CLASS	
P.G.	M.E.	INDUSTRIAL ENGINEERING	2006	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALI	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALI	7.20 CGPA	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	22-12-1997	31-12-2007	10	0	10
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	01-12-2012	03-06-2024	11	6	3
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-01-2008	30-11-2012	4	10	31
Total				26	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 Exmination during the last year**


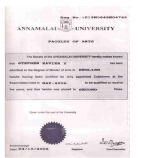


AUR (No. of days) 110	Squad Member (No. of days) 150	External Examiner (Practical) (No. of days) 100	Central Evaluation (No. of scripts Evaluated) 1000	Re-Evaluation (No. of scripts Evaluated) 100
---	--	---	--	--

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	DR. STEPHEN XAVIER Y
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	12/297 BLOCK NO.2, AYYANPUTHUR, GUNDUR POST
Line 2	TRICHY, 620007
District	THIRUCHIRAPPALLI
Telephone number	944 - 2773733
Mobile number	+91 - 9442773733
Email	YSTEPHENXAVIER@YAHOO.CO.IN
Gender	MALE
Community	BC
PAN Number	CSMPS5050A
Passport Number	78787
Aadhar Number	257181949007
Faculty code given by C.O.E.	8128076
Faculty code given by A.I.C.T.E.	11366217222
Date of Birth	12-03-1972
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
U.G.	OTHERS - B.A	OTHERS - ECONOMICS	1995	OTHERS - SACRED HEART COLLEGE	OTHERS - MADRAS UNIVERSITY	79	FIRST CLASS	
P.G.	OTHERS - M.A.	OTHERS - ENGLISH	2006	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	56.6	SECOND CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - ENGLISH	2012	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	63	FIRST CLASS	
PH.D.	PH.D.	ENGLISH	2020	OTHERS - BISHOP HEBER COLLEGE	BHARATHI DASAN UNIVERSITY	COMMENDED		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

SELF TRANSCENDENCE TOWARDS SELF TRANSFORMATION

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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	05-03-2012	30-11-2012	0	8	27
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-12-2012	31-03-2021	8	3	31
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	01-04-2021	03-06-2024	3	2	3
Total				12	3	2

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
NIL	NIL	NIL	04-01-2020	04-01-2020	0	0	1
Total					0	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)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		20	100	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	DR. MOHAMED SHERIFF K M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	4/6 2ND STREET, IOB NAGAR, RMS COLONY, KARUMANDAPAM
Line 2	TIRUCHIRAPPALLI
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9944247881
Email	MOHAMEDS73@YAHOO.COM
Gender	MALE
Community	BC
PAN Number	BOIPM6930A
Passport Number	V0935932
Aadhar Number	695191904788
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	26-07-1988
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - CHEMISTRY	2009	OTHERS - JAMAL MOHAMED COLLEGE	BHARATH IDASAN UNIVERSITY	74	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2011	OTHERS - JAMAL MOHAMED COLLEGE	BHARATH IDASAN UNIVERSITY	73	FIRST CLASS	
PH.D.	PH.D.	OTHERS - CHEMISTRY	2017	OTHERS - JAMAL MOHAMED COLLEGE	BHARATH IDASAN UNIVERSITY	COMMENDED		
OTHERS - M.PHIL.	OTHERS - M.PHIL.	OTHERS - CHEMISTRY	2012	OTHERS - JAMAL MOHAMED COLLEGE	BHARATH IDASAN UNIVERSITY	84	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

ASSESSMENT SIGNIFICANT TREND AND STATISTICAL SURVEY OF GROUND WATER QUALITY BY USING MODELLING SOFTWARE ON THE BANK OF NOYAL RIVER AT TIRUPPUR TAMILNADU INDIA

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
INDRA GANESAN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	28-06-2017	30-04-2018	0	10	3
MOUNT ZION COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	13-08-2018	30-04-2020	1	8	19
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	09-11-2022	03-06-2024	1	6	25
Total				4	1	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 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)
		25	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the faculty member	MS. AROKIA LEEMA ROSELIN D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	390.PERIYAR NAGAR,RAJAGOPALAPURAM
Line 2	PUDUKKOTTAI,622003
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 9894454828
Email	AROKIALEEMAROSELIN2007@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ASHPA6944N
Passport Number	
Aadhar Number	228086938089
Faculty code given by C.O.E.	8128011
Faculty code given by A.I.C.T.E.	1423188511
Date of Birth	07-07-1983
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2004	SUDHARSAN ENGINEERING COLLEGE	BHARATHIDASAN UNIVERSITY	84.10	DISTINCTION	
P.G.	M.TECH.	OTHERS - CONTROL SYSTEMS AND INSTRUMENTATION	2006	OTHERS - SASTRA UNIVERSITY	OTHERS - SASTRA UNIVERSITY	7.65	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	28-12-2006	31-01-2011	4	1	4
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	19-09-2018	03-06-2024	5	8	15
SRI LAKSHMI AMMAL ENGINEERING COLLEGE	ASSISTANT PROFESSOR	11-07-2006	15-11-2006	0	4	5
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-02-2011	18-09-2018	7	7	18
Total				17	9	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)
		25	500	100

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	DR. SOMASUNDARAMOORTHY M.G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	NO 64/2 ATTUKARA STREET, PALAKARAI
Line 2	TIRUCHY-620001
District	THIRUCHIRAPPALLI
Telephone number	0431 - 2416676
Mobile number	+91 - 9442495894
Email	LAKSOMU2002@YAHOO.CO.IN
Gender	MALE
Community	BC
PAN Number	AOTPS4476F
Passport Number	
Aadhar Number	369772522342
Faculty code given by C.O.E.	8128095
Faculty code given by A.I.C.T.E.	1433876636
Date of Birth	01-05-1972
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
U.G.	B.SC.	OTHERS - MATHEMATICS	1992	OTHERS - ST JOSEPHS COLLEGE	BHARATHI DASAN UNIVERSITY	76	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MATHS	1996	OTHERS - ST JOSEPHS COLLEGE TRICHY	BHARATHI DASAN UNIVERSITY	79	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	1994	OTHERS - ST JOSEPHS COLLEGE TRICHY	BHARATHI DASAN UNIVERSITY	85	FIRST CLASS	
PH.D.	PH.D.	MATHEMATICS	2017	OTHERS - BHARATHI DASAN UNIVERSITY	BHARATHI DASAN UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- SLET

Score : 80

File :

II. Title of Ph.D. Thesis

A STUDY ON INTERVAL VALUED FUZZY ANTI FUZZY INTUITIONISTIC FUZZY SUBRINGS OF A RING

III. Faculty in which Ph.D. was awarded

FACULTY OF SCIENCE AND HUMANITIES

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
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	15-12-2017	03-06-2024	6	5	20
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	10-09-1997	30-10-2009	12	1	20
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	01-12-2012	14-12-2017	5	0	14
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2009	30-11-2012	3	0	30
Total				26	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)
10	10		1000	100

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	DR. PRADEEBAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	93, KURUNJI NAGAR, METTUPATTI GATE
Line 2	PUDUKKOTTAI - 622303
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 9629531793
Email	PRADEEBAN21@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CIUPR8607L
Passport Number	
Aadhar Number	971875689978
Faculty code given by C.O.E.	8128055
Faculty code given by A.I.C.T.E.	11366217783
Date of Birth	29-12-1987
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.A.	ENGLISH	2009	OTHERS - HH RAJAHS COLLEGE	BHARATH IDASAN UNIVERSITY	65	FIRST CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2011	OTHERS - BISHOP HEBER COLLEGE	BHARATH IDASAN UNIVERSITY	75	FIRST CLASS	
PH.D.	PH.D.	ENGLISH	2023	OTHERS - ALAGAPPA UNIVERSITY	ALAGAPPA UNIVERSITY	COMMENDED		
OTHERS - PG	OTHERS - MPHIL	OTHERS - ENGLISH	2012	OTHERS - BISHOP HEBER COLLEGE	BHARATH IDASAN 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

ESCHATOLOGICAL OBSESSION A STUDY OF THE SELECTED NOVELS OF ANOTHY BURGESS

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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	10-09-2012	30-11-2012	0	2	21
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-12-2012	03-06-2024	11	6	3
Total				11	8	28

V. Industrial Experience :

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

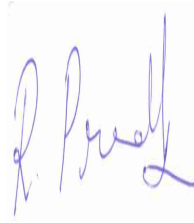
VI. C.O.E. Appointment Experience :


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)
		20	200	20

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	M.E.-COMMUNICATION SYSTEMS
Name of the faculty member	MR. KANAGARAJ N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	2/349, ANNAI CHELAM NAGAR,
Line 2	ALLITHURAI - 620102
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9865462765
Email	NKAGATHEES@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	BBMPK4028E
Passport Number	
Aadhar Number	901708935823
Faculty code given by C.O.E.	8128137
Faculty code given by A.I.C.T.E.	1431025570
Date of Birth	24-04-1980
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2002	JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	BHARATHIDASAN UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2005	JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA 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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	19-09-2018	03-06-2024	5	8	15
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	08-12-2004	01-11-2009	4	10	25
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-11-2009	18-09-2018	8	10	17
Total				19	5	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**


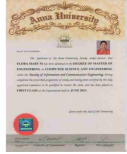
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
12	4	100	1000	25

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. FLORA MARY M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	594/39,2ND STREET,8TH CROSS EXTENSION, ADAIKALA ANNAI NAGAR, PONMALAIPATTI
Line 2	TRICHY,620004
District	THIRUCHIRAPPALLI
Telephone number	0431 - 2490469
Mobile number	+91 - 9443783042
Email	FLORAMARY363@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ERKPM8809J
Passport Number	NIL
Aadhar Number	588527667497
Faculty code given by C.O.E.	8128186
Faculty code given by A.I.C.T.E.	12183153023
Date of Birth	24-01-1967
Age	57
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	1996	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI	BHARATHI DASAN UNIVERSITY	55.3	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	MOOKAMBIGAI 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
OTHERS - SRINIVASA POLYTECHNIC COLLEGE	OTHERS - SENIOR LECTURE HOD	25-06-1997	30-09-2011	14	3	6
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	22-07-2013	16-05-2014	0	9	26
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	17-05-2014	03-06-2024	10	0	18
Total				25	1	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)
3		100	500	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	DR. SAYEELAKSHMI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	29. FIRST STREET, SAS NAGAR, NEW TOWN, THIRUVERAMBUR
Line 2	TRICHY,620013
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 8778569231
Email	SAYEELAKSHMI10@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CIWPS0297K
Passport Number	
Aadhar Number	754037498991
Faculty code given by C.O.E.	8128132
Faculty code given by A.I.C.T.E.	1435770111
Date of Birth	20-03-1974
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.SC.	OTHERS - MATHS	1997	OTHERS - SRC TRICHY	BHARATH IDASAN UNIVERSITY	71.0	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MATHS	2001	OTHERS - NATIONAL COLLEGE TRICHY	BHARATH IDASAN UNIVERSITY	77.4	SECOND CLASS	
PH.D.	PH.D.	MATHEMATICS	2020	OTHERS - PERIYAR EVR COLLEGE	BHARATH IDASAN UNIVERSITY	YES		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

IMPLICIT RUNGE KUTTA METHODS WITH INTERPOLATION TECHNIQUES IN SOLVING DELAY DIFFERENTIAL EQUATIONS

III. Faculty in which Ph.D. was awarded

FACULTY OF SCIENCE AND HUMANITIES

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 - GOVERNMENT POLYTECHNIC COLLEGE	OTHERS - LECTURER	22-01-2002	11-12-2007	5	10	21
OTHERS - SRINIVASA POLYTECHNIC COLLEGE	OTHERS - LECTURER	12-12-2007	02-09-2009	1	8	22
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	03-09-2009	30-11-2012	3	2	28
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-12-2012	31-03-2021	8	3	31
MOOKAMBIGAI COLLEGE OF ENGINEERING	PROFESSOR	01-04-2021	03-06-2024	3	2	3
Total				22	4	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)
3			1000	100

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. RAJALAKSHMI V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	PLOT NO 5, N.G.G.O COLONY EXTENSION
Line 2	PUDUKKOTTAI - 622001
District	PUDUKKOTTAI
Telephone number	04322 - 265656
Mobile number	+91 - 9677587444
Email	RAJIRAGUL1975@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	AEDPR9783E
Passport Number	
Aadhar Number	889821046785
Faculty code given by C.O.E.	8128144
Faculty code given by A.I.C.T.E.	1424664743
Date of Birth	01-05-1975
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	1996	MOOKAMBIGAI COLLEGE OF ENGINEERING	BHARATHI DASAN UNIVERSITY	62	FIRST CLASS	
P.G.	M.E.	OPTICAL COMMUNICATION	2007	ALAGAPPA CHETTIAR GOVERNMENT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA 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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	27-06-1997	31-08-2005	8	2	4
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	17-05-2014	03-06-2024	10	0	18
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	02-07-2007	31-10-2007	0	3	30
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2007	16-05-2014	6	6	16
Total				25	1	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


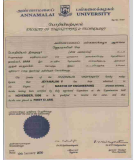
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
13		100	1000	100

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. JEYAMALINI V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	32,YESODHA ILLAM,D-NAGAR
Line 2	THIRUVERUMBUR,620013
District	THIRUCHIRAPPALLI
Telephone number	0431 - 2511293
Mobile number	+91 - 9443115380
Email	JEYMAKARTHI03@YAHOO.COM
Gender	FEMALE
Community	SC
PAN Number	ADYPJ3314M
Passport Number	
Aadhar Number	342791684396
Faculty code given by C.O.E.	8128083
Faculty code given by A.I.C.T.E.	1426021885
Date of Birth	07-07-1975
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
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	1996	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	63.4	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	1998	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	71.4	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	26-07-1999	01-12-2005	6	4	7
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	17-05-2014	03-06-2024	10	0	18
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-12-2005	16-05-2014	8	5	15
Total				24	10	14

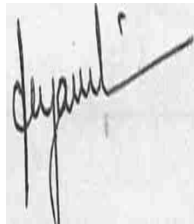
V. Industrial Experience :

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)
		25	500	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. BENACIR BEGUM H
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	21 EAST ACHADIKARA STREET
Line 2	WORAIYUR
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9655587878
Email	BENACIRBEGUM88@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ATHPB0011C
Passport Number	
Aadhar Number	533044548130
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	11-12-1988
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.TECH.	INFORMATION TECHNOLOGY	2009	ANNA UNIVESITY REGIONAL CAMPUS, TIRUCHIRAPPALLI	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2012	OTHERS - MANONMANIAM SUNDARAR AR UNIV	OTHERS - MANONMANIAM SUNDARAR AR UNIV	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-02-2024	03-06-2024	0	4	3
Total				0	4	5

V. Industrial Experience :

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

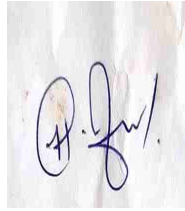
VI. C.O.E. Appointment Experience :


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


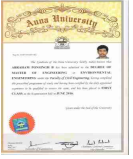
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
-------------------	----------------------------	---	---	--

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 'P. J. W.', is centered within a rectangular box. The signature is written on a light-colored, slightly textured background.

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. ABRAHAM PONSINGH B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9/19 NEW PILAYAR KOVIL STREET
Line 2	VADAKARAI
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9003429085
Email	ABRAHAMINDIAN@YAHOO.COM
Gender	MALE
Community	BC
PAN Number	BKOPA7546Q
Passport Number	
Aadhar Number	962936392984
Faculty code given by C.O.E.	8128363
Faculty code given by A.I.C.T.E.	3174637980
Date of Birth	16-10-1993
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.	CIVIL ENGINEERING	2014	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	76.54	FIRST CLASS	
P.G.	M.E.	ENVIRONMENTAL ENGINEERING	2016	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	ANNA UNIVERSITY	84.89	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	25-05-2016	03-06-2024	8	0	10
Total				8	0	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)
			100	10

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 black ink on a light-colored background. The signature is cursive and appears to be the name 'H. H. H.' or similar, with a large loop at the top.

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. KARTHICK R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	T.S.NO.1101/2,NORTH 4TH STREET
Line 2	PUDUKKOTTAI
District	PUDUKKOTTAI
Telephone number	04322 - 221822
Mobile number	+91 - 9626570324
Email	RMKARTHICK1985@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DMHPK4081B
Passport Number	J2897292
Aadhar Number	758474284623
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1218503201
Date of Birth	07-06-1984
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.	CIVIL ENGINEERING	2010	ALAGAPPA CHETTIAR GOVERNMENT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	65	FIRST CLASS	<input type="checkbox"/>
P.G.	M.TECH.	OTHERS - STRUCTURAL ENGG	2012	OTHERS - PRIST UNIVERSITY	OTHERS - PRISTUNIVERSITY	9.1	FIRST CLASS	<input type="checkbox"/>

* 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
M A R COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	15-07-2013	09-01-2020	6	5	26
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-12-2021	03-06-2024	2	6	1
OTHERS - VENKATESWARA POLYTECHNIC COLLEGE	OTHERS - HOD	03-04-2012	02-04-2013	0	11	30
Total				9	11	3

V. Industrial Experience :

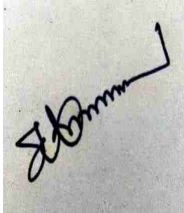
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
SSS CONSTRUCTION	SITE SUPERVISER	CONSTRUCTION	10-06-2004	16-06-2006	2	0	7
SSS CONSTRUCTION	DRAFTSMAN QUANTITY SURVEYOR	CONSTRUCTION	01-07-2010	29-03-2013	2	8	29
Total					4	9	9

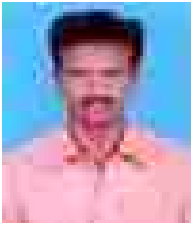
VI. C.O.E. Appointment Experience :

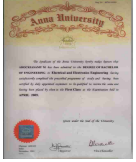
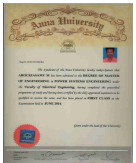
Capacity at which service is extended for the conduct of Examination during the last year

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)
		10	100	10

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

Signature of the Faculty : 

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. AROCKIASAMY M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	118/12,NETHAJI NAGAR, MADURAI ROAD
Line 2	MANAPPARAI,621306
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9944157727
Email	SAMAROCKIA@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	APIPA1448R
Passport Number	
Aadhar Number	468921873412
Faculty code given by C.O.E.	8128287
Faculty code given by A.I.C.T.E.	12637503873
Date of Birth	15-10-1982
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.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2005	JJ COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2014	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	ANNA UNIVERSITY	7.28	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-02-2015	03-06-2024	9	3	14
Total				9	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)
		25	250	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. VIVEK V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	59,MUDHALIYAR STREET, WORAIYUR
Line 2	TRICHY-620003
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9003865867
Email	VIVEKNVV@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AQKPV1728J
Passport Number	
Aadhar Number	946257018412
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	13643564563
Date of Birth	15-09-1991
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	OTHERS - PERIYAR MANIAM MAI UNIVERSITY	OTHERS - PERIYAR MANIAM MAI UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2015	OXFORD ENGINEERING COLLEGE	ANNA 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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	17-08-2023	03-06-2024	0	9	18
OXFORD ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-02-2017	16-08-2023	6	6	16
Total				7	4	6

V. Industrial Experience :

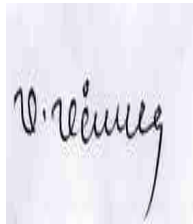
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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)
		25	200	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MRS. ELIZABETH GLORIE ABRAHAM
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	36/A ARULANANTHAR KOIL STREET SUBRAMANIAPURAM
Line 2	TIRUCHIRAPPALLI 620020
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9791321248
Email	GLORIA29982@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AJRPG1456E
Passport Number	
Aadhar Number	779528638096
Faculty code given by C.O.E.	8128372
Faculty code given by A.I.C.T.E.	13561171003
Date of Birth	29-09-1982
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.A.	ENGLISH	2002	OTHERS - HOLY CROSS COLLEGE TRICHY	BHARATH IDASAN UNIVERSITY	70	FIRST CLASS	
P.G.	OTHERS - M.A.	OTHERS - ENGLISH	2004	OTHERS - HOLY CROSS COLLEGE TRICHY	BHARATH IDASAN UNIVERSITY	72	FIRST CLASS	
OTHERS - M.PHIL.	OTHERS - M.PHIL.	OTHERS - ENGLISH	2010	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST 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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	18-01-2010	04-08-2012	2	6	18
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-07-2017	03-06-2024	6	10	25
J J COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	06-08-2012	06-05-2015	2	9	1
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-07-2015	24-02-2016	0	7	23
Total				12	10	13

V. Industrial Experience :

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

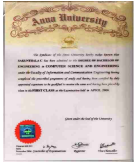

VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 100	Re-Evaluation (No. of scripts Evaluated) 10
----------------------	-------------------------------	---	--	--

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

Signature of the Faculty : 

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. SAKUNTHALA C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1135 KEELAMEDU, MANDAIYUR
Line 2	PUDUKKOTTAI
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 9578095371
Email	SAKU_CS@YAHOO.CO.IN
Gender	FEMALE
Community	BC
PAN Number	CIWPS0282C
Passport Number	
Aadhar Number	876449250413
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	26-10-1985
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	2006	PAVENDAR BHARATHIDASAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	M I E T ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.35	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	28-06-2007	30-10-2009	2	4	2
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	17-02-2011	30-09-2013	2	7	12
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	14-11-2022	03-06-2024	1	6	20
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-10-2013	15-11-2021	8	1	15
Total				14	7	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)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		25	500	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. ELAMATHI A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1D SURULI KOIL STREET,
Line 2	THIRUVERAMBUR
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9789806639
Email	AELAMATHI1982@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AAUPE7261R
Passport Number	
Aadhar Number	214854292112
Faculty code given by C.O.E.	3121099
Faculty code given by A.I.C.T.E.	17472086653
Date of Birth	23-05-1982
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.SC.	OTHERS - MATHEMATICS	2003	OTHERS - RAJASERFOI GOVT COLLEGE THANJVUR	OTHERS - BHARATH IDASAN UNIVERSITY	58	SECOND CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2007	OTHERS - AVVM SRI PUSPAM COLLEGE POONDI	BHARATH IDASAN UNIVERSITY	90	DISTINCTION	
P.G.	M.SC.	OTHERS - MATHEMATICS	2005	OTHERS - AVVM SRI PUSPAM COLLEGE POONDI	BHARATH IDASAN UNIVERSITY	85	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	22-11-2021	03-06-2024	2	6	12
SMK FOMRA INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	19-06-2013	08-06-2019	5	11	20
DHANALAKSHMI SRINIVASAN INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	17-06-2019	26-02-2021	1	8	10
OTHERS - LITTLE FLOWER POLYTECHNIC COLLEGE	OTHERS - LECTURER	15-11-2006	16-04-2010	3	5	2
OTHERS - SRI KALAI MAGAL COLLEGE OF ENGINEERING	OTHERS - LECTURER	07-07-2010	24-05-2013	2	10	18
Total				16	6	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)
50	10		100	10

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

Signature of the Faculty : 

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. CHITRA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 50 AYYANAR KOVIL STREET, POOVALUR, LALGUDI-TK
Line 2	TIRUCHY-621712
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9500850933
Email	CHITRARMS07@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ATSPC2013J
Passport Number	
Aadhar Number	289751857619
Faculty code given by C.O.E.	8128282
Faculty code given by A.I.C.T.E.	12184839883
Date of Birth	14-04-1989
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.SC.	OTHERS - MATHEMATICS	2009	OTHERS - SIGC TRICHY	BHARATHI DASAN UNIVERSITY	72	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2011	OTHERS - JMC TRICHY	BHARATHI DASAN UNIVERSITY	72	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MATHS	2013	OTHERS - JMC TRICHY	BHARATHI DASAN UNIVERSITY	91	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	14-08-2013	03-06-2024	10	9	21
OTHERS - CHETTINAD ARTS AND SCIENCE COLLEGE TRICHY	OTHERS - LECTURER	10-12-2012	13-08-2013	0	8	4
Total				11	5	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) 200	Re-Evaluation (No. of scripts Evaluated) 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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	OTHERS - TAMIL
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MRS. SEETHALAKSHMI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	949B SELLUKUDI KILAPPATTI
Line 2	PUDUKKOTTAI
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 9159997160
Email	SIVANSEETHA30@YAHOO.COM
Gender	FEMALE
Community	MBC
PAN Number	HNEPP6731H
Passport Number	
Aadhar Number	619903664175
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	30-05-1989
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.	OTHERS - B.LIT	OTHERS - TAMIL	2009	OTHERS - GANESAR ARTS AND SCIENCE COLLEGE	BHARATH IDASAN UNIVERSITY	66.6	FIRST CLASS	
P.G.	OTHERS - M.A.	OTHERS - TAMIL	2012	OTHERS - BISHOP HEBER COLLEGE	BHARATH IDASAN UNIVERSITY	72	FIRST CLASS	
OTHERS - M.PHIL.	OTHERS - M.PHIL	OTHERS - TAMIL	2013	OTHERS - BISHOP HEBER COLLEGE	BHARATH IDASAN 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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	28-10-2022	03-06-2024	1	7	7
Total				1	7	10

V. Industrial Experience :

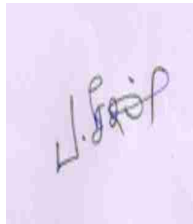
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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) 100	Re-Evaluation (No. of scripts Evaluated)
----------------------------------	---	--	--	---

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MS. SOWNDARYA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/916 SOUTH STREET, AYYAMPATTY
Line 2	TRICHY
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 7092039593
Email	SOWNDARYA0796@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	OBIPS2408K
Passport Number	
Aadhar Number	849055899857
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	07-09-1996
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 - PHYSICS	2016	OTHERS - JAMAL MOHAMED COLLEGE	BHARATHI DASAN UNIVERSITY	90	DISTINCTION	
P.G.	M.SC.	OTHERS - PHYSICS	2018	OTHERS - BHARATHI DASAN UNIVERSITY	BHARATHI DASAN UNIVERSITY	80	DISTINCTION	
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - PHYSICS	2019	OTHERS - BHARATHI DASAN UNIVERSITY	BHARATHI DASAN UNIVERSITY	A PLUS	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	12-04-2022	03-06-2024	2	1	22
Total				2	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.

A handwritten signature in black ink on a light purple background. The signature appears to be 'S. Bin' with a stylized flourish at the end.

Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	DR. DHANALAKSHMI K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	211, NATHAM STREET, PALAMARNERI POST
Line 2	THIRUKATTUPPALLI T
District	THANJAVUR
Telephone number	-
Mobile number	+91 - 9443955889
Email	DHANAMTHANGAM87@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	HOQPD3549A
Passport Number	
Aadhar Number	607313549212
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	31-07-1987
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.SC.	OTHERS - PHYSICS	2010	OTHERS - SRIMATHI IG COLLEGE	BHARATHI DASAN UNIVERSITY	70	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2012	OTHERS - SRIMATHI IG COLLEGE	BHARATHI DASAN UNIVERSITY	77	FIRST CLASS	
PH.D.	PH.D.	PHYSICS	2021	OTHERS - SRCOLLEGE	BHARATHI DASAN UNIVERSITY	HIGHLY COMMENDED		
OTHERS - M.PHIL	OTHERS - MPHIL	OTHERS - PHYSICS	2013	OTHERS - SR COLLEGE	BHARATHI DASAN 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

ACOUSTIC SPECTRO SCOPIC ANTI MICROBIAL AND MOLECULAR DOCKING STUDIES OF TERNARY PEPTIDE SOLUTIONS

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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	22-05-2023	03-06-2024	1	0	13
Total				1	0	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)	External Examiner (Practical) (No. of days) 25	Central Evaluation (No. of scripts Evaluated) 200	Re-Evaluation (No. of scripts Evaluated) 20

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

**Signature of the Faculty :**

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MRS. PAVITHRA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	13/11A PERIYAR NAGAR VARAGANERY
Line 2	TIRUCHIRAPPALLI - 620008
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9500411080
Email	PAVITHRA.SUBBIYAN@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	CWDPP8036L
Passport Number	
Aadhar Number	710441360086
Faculty code given by C.O.E.	8128395
Faculty code given by A.I.C.T.E.	
Date of Birth	03-05-1985
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.SC.	OTHERS - PHYSICS	2005	OTHERS - SRIMATHI INDRAGANDHI COLLEGE	BHARATHI DASAN UNIVERSITY	64	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2007	OTHERS - SRIMATHI INDRAGANDHI COLLEGE TRICHY	BHARATHI DASAN UNIVERSITY	69	FIRST CLASS	
OTHERS - M.PHIL.	OTHERS - M.PHIL.	OTHERS - PHYSICS	2011	OTHERS - THANTHAI HANS ROEVER COLLEGE PERAMBALUR	BHARATHI DASAN UNIVERSITY	79	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
CAUVERY COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	08-07-2009	21-08-2010	1	1	14
CAUVERY COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	04-08-2011	12-06-2018	6	10	9
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-08-2018	03-06-2024	5	10	1
Total				13	9	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)
	1	25	250	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. LAKSHMANA BABU K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	S7, SIVADHARSAN APARTMENTS, SANKARA NAGAR, NO1 TOLLGATE
Line 2	THIRUCHIRAPPALLI, 621216
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9788974735
Email	PROFKLB@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ABRPL9104G
Passport Number	
Aadhar Number	580879882591
Faculty code given by C.O.E.	7210151
Faculty code given by A.I.C.T.E.	17369703884
Date of Birth	25-07-1965
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.E.	MECHANICAL ENGINEERING	1987	ALAGAPPA CHETTIAR GOVERNMENT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	63	SECOND CLASS	
P.G.	M.TECH.	OTHERS - ENERGY ENGINEERING	2003	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI	BHARATHIDASAN UNIVERSITY	73.6	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
SARANATHAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	30-10-1998	30-07-2007	8	9	1
M I E T ENGINEERING COLLEGE (AUTONOMOUS)	ASSOCIATE PROFESSOR	25-06-2019	23-03-2020	0	8	29
NEHRU INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	22-06-2015	14-06-2018	2	11	23
IMAYAM COLLEGE OF ENGINEERING	PROFESSOR	18-09-2014	16-06-2015	0	8	29
SRI RANGANATHAR INSTITUTE OF ENGINEERING AND TECHNOLOGY	ASSOCIATE PROFESSOR	18-01-2021	01-03-2022	1	1	15
SHIVANI COLLEGE OF ENGINEERING AND TECHNOLOGY	PROFESSOR	15-06-2011	31-07-2014	3	1	16
OTHERS - MIET POLYTECHNIC COLLEGE	OTHERS - LECTURER	07-07-1988	15-07-1995	7	0	9
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-04-2022	03-06-2024	2	1	30
PSNA COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSOCIATE PROFESSOR	02-08-2007	06-05-2011	3	9	5
OTHERS - PMC TECHNOLOGY	ASSOCIATE PROFESSOR	01-09-2018	05-04-2019	0	7	5
Total				31	0	14

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
GLOBAL ENGINEERING TRICHY	SALES ENGINEER	MARKETING	15-07-1995	29-10-1998	3	3	15
AIR TECH INDUSTRIES COIMBATORE	PRODUCTION ENGINEER	PLANT INCHARGE	02-03-1992	08-07-1995	3	4	7
RECTIANS ROTOBURS INDUSTRIES TRICHY	SUPERVISOR	SUPERVISING	01-04-1987	30-06-1988	1	2	30
Total					7	10	25

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)
200	20	100	500	100

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. RAJARETHINAM S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	159,ANNAMALAIYAR NAGAR
Line 2	MATHUR 621515
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 9600214779
Email	MECHRAJA1990@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DRQPR9066F
Passport Number	K1125689
Aadhar Number	698805273175
Faculty code given by C.O.E.	8128349
Faculty code given by A.I.C.T.E.	3186309577
Date of Birth	02-06-1989
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	JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.3	FIRST CLASS	
P.G.	M.E.	THERMAL ENGINEERING	2016	SRM TRP 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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	07-07-2016	03-06-2024	7	10	28
Total				7	10	3

V. Industrial Experience :

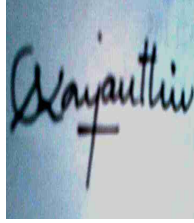
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of 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)
			200	20

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 appears to be 'Gayatri' written in a cursive style.

Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. ARUN C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	PLOT NO 1 BHARATH GARDINIYA 12TH CROSS WEST BALAJI NAGAR
Line 2	TRICHY 620019
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9600299108
Email	ARUNCHOLI@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	BZMPA4388K
Passport Number	
Aadhar Number	654419844394
Faculty code given by C.O.E.	8128086
Faculty code given by A.I.C.T.E.	
Date of Birth	14-01-1988
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.	MECHANICAL ENGINEERING	2010	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2018	MOOKAMBIGAI COLLEGE OF ENGINEERING	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	26-12-2012	22-07-2016	3	6	28
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	17-10-2018	03-06-2024	5	7	18
Total				9	2	17

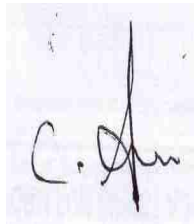
V. Industrial Experience :

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**

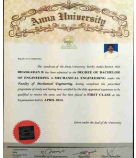

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		25	250	25

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. BHASKARAN B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	44B INDRAGANDHI STREET KK NAGAR
Line 2	TRICHY 620021
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9095961546
Email	BBASMAHESH@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CLZPB7995K
Passport Number	
Aadhar Number	613060065724
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	15-07-1973
Age	51
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	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	M.E.	THERMAL ENGINEERING	2016	OTHERS - TRP ENGG 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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	28-06-2018	03-06-2024	5	11	6
M A M COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	16-06-2016	14-11-2017	1	4	29
Total				7	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 Exmination during the last year**

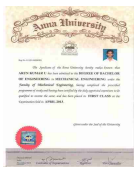

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		25	200	25

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. ARUN KUMAR U
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/139 NAVALPATTU BURMA COLONY, OFT POST
Line 2	TRICHY,620016
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9524578528
Email	ARUN27041992@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	AVYPA3887C
Passport Number	
Aadhar Number	517695514607
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	27-04-1992
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.	MECHANICAL ENGINEERING	2013	M I E T ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2015	SHIVANI COLLEGE OF ENGINEERING AND TECHNOLOGY	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	28-06-2018	03-06-2024	5	11	6
Total				5	11	11

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
GB ENGINEERING ENT PVT LIMITED	QUALITY CONTROL	QC PRODUCTION	07-07-2015	20-11-2017	2	4	14
Total					2	4	15


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

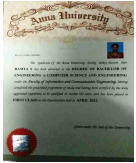

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		25	100	25

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. RAMYA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/349 B SOUTH STREET, NAVALPATTU
Line 2	THIRUVERUMBUR
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 8110801535
Email	RAMSRAM03@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CBVPR5318E
Passport Number	
Aadhar Number	275877008251
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	27-06-1991
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.E.	COMPUTER SCIENCE AND ENGINEERING	2012	PAVENDAR BHARATH IDASAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	73.8	FIRST CLASS	
P.G.	M.E.	COMMUNICATION AND NETWORKING	2015	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	81.4	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	22-05-2023	03-06-2024	1	0	13
Total				1	0	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**


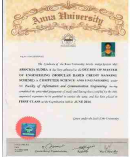
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. AROCKIA SUDHA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5493, MARTHANDAPURAM IST SARASAWATHI ILLAM
Line 2	PUDUKKOTTAI
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 8760690826
Email	AROCKIASUDHA826@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BTBPA6532N
Passport Number	
Aadhar Number	916970353001
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	19-03-1988
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.TECH.	INFORMATION TECHNOLOGY	2010	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	ANNA UNIVERSITY	7.36	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	22-05-2023	03-06-2024	1	0	13
Total				1	0	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)	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 purple ink, appearing to be 'S. J. S.', is positioned to the right of the text 'Signature of the Faculty :'. The signature is written in a cursive style.

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. VISALATCHI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/115 KANNANUR THIRUMAYAM
Line 2	PUDUKKOTTAI
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 9962207606
Email	VISALATCHIKANNAUR@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AOQPV4402F
Passport Number	
Aadhar Number	701517989270
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	08-10-1984
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.	COMPUTER SCIENCE AND ENGINEERING	2006	THIAGARAJAR COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE ENGINEERING	2011	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST 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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	22-05-2023	03-06-2024	1	0	13
Total				1	0	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

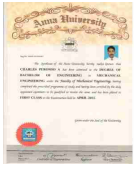
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of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

Signature of the Faculty :

A small, square image showing a handwritten signature in black ink on a light-colored background. The signature is stylized and appears to be the name 'Raj'.

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. CHARLES PEROMIO A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	249/4BHARATHIDASAN STREET, NORTH KATTUR,KATTUR
Line 2	TRICHY-620019
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 8973769070
Email	CPEROMIO866@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ALQPC6162J
Passport Number	
Aadhar Number	729676286464
Faculty code given by C.O.E.	8128350
Faculty code given by A.I.C.T.E.	13176574274
Date of Birth	06-11-1989
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	2012	K RAMAKRISHNAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	74	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2015	SHIVANI COLLEGE OF ENGINEERING AND TECHNOLOGY	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-05-2016	03-06-2024	8	0	17
STAR LION COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	04-07-2012	02-11-2012	0	3	30
SHIVANI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2015	30-04-2016	0	9	31
Total				9	2	19

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
UNITECH ENGG	DESIGN ENGG	LAYOUT OF JOB	05-11-2012	30-04-2013	0	5	26
Total					0	5	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)
		50	100	15

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. SHANKAVI K H
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	365-1 N SHATHIRAM
Line 2	KALAMAVUR
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 9003491816
Email	SHANKAVI1993@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	EXNPS0140D
Passport Number	
Aadhar Number	208081515284
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	04-09-1993
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	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2017	MOOKAMBIGAI COLLEGE OF ENGINEERING	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	15-03-2024	04-06-2024	0	2	21
Total				0	2	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.

A rectangular box containing a handwritten signature in blue ink that reads "K. M. Shankar".

Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. HIMAGIRI SUDHA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	17A, 5TH CROSS, PARAMASIVAPURAM
Line 2	LALGUDI-621 601
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9843696623
Email	SUDHASRIDHAR594@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BLMPH5358G
Passport Number	
Aadhar Number	299520909278
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	11314672878
Date of Birth	18-05-1994
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.TECH.	INFORMATION TECHNOLOGY	2015	INDRA GANESAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	6.52	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2017	INDRA GANESAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.44	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
INDRA GANESAN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	08-11-2021	31-05-2022	0	6	23
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-08-2022	04-06-2024	1	10	4
Total				2	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)
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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 'S. P.', is placed over a light blue rectangular background.

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. PRADEEP G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	31/5W PATTY STREET UTHAMAPALAYAM TK
Line 2	SEEPALAKKOTTAI POST THENI DT 625526
District	THENI
Telephone number	-
Mobile number	+91 - 9600308268
Email	PRADEEPGEEN6@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CFSP6619H
Passport Number	
Aadhar Number	389971039956
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	12187482350
Date of Birth	17-12-1990
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	M I E T ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	77	FIRST CLASS	
P.G.	M.TECH.	OTHERS - STRUCTURAL ENGG	2017	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	8.65	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	07-06-2013	30-06-2015	2	0	24
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-07-2017	03-06-2024	6	11	1
Total				8	11	0

V. Industrial Experience :

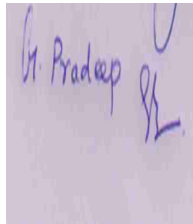
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


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)
		25	200	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. JAHIR HUSSAIN T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	L 82 ANNA NAGAR, ANNA NAGAR POST
Line 2	TRICHY - 620026
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9791304182
Email	JAHIR.MCE@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AXDPJ5680K
Passport Number	
Aadhar Number	846660639245
Faculty code given by C.O.E.	00
Faculty code given by A.I.C.T.E.	14432633404
Date of Birth	10-11-1985
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	2016	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	ANNA UNIVERSITY	6.5	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2018	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.97	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-12-2018	03-06-2024	5	6	3
Total				5	6	6

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)	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MS. PRIYANKA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	DR.NAVAMANI COMPLEX ,URANIPURAN AND PO
Line 2	ORATHANADU TK 614631
District	THANJAVUR
Telephone number	-
Mobile number	+91 - 9585255272
Email	PRIYANKA.RAJSAROJA@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	CBNPP8073Q
Passport Number	
Aadhar Number	970599726793
Faculty code given by C.O.E.	8128358
Faculty code given by A.I.C.T.E.	3174637970
Date of Birth	21-06-1991
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.E.	CIVIL ENGINEERING	2013	JJ COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.0	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2015	CHENDHURAN COLLEGE OF ENGINEERING AND TECHNOLOGY	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-06-2016	03-06-2024	8	0	2
Total				8	0	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

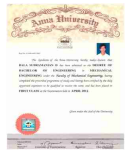


AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		25	200	25

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. BALA SUBRAMANIAN D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 53 KAMALA STREET DUSI VILLAGE
Line 2	THIRUVANNAMALAI DT 631702
District	TIRUVANNAMALAI
Telephone number	-
Mobile number	+91 - 9600757833
Email	BALA.SUBRAMANIAN979@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	DNQPB9036P
Passport Number	
Aadhar Number	502804458760
Faculty code given by C.O.E.	8128204
Faculty code given by A.I.C.T.E.	1398910312
Date of Birth	26-01-1989
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.	MECHANICAL ENGINEERING	2012	ANNA UNIVERSITY REGIONAL CAMPUS, TIRUCHIRAPPALLI	ANNA UNIVERSITY	80	FIRST CLASS	
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2012	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	ANNA UNIVERSITY	81.4	FIRST CLASS	
P.G.	M.E.	THERMAL ENGINEERING	2016	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	22-11-2016	03-06-2024	7	6	12
Total				7	6	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

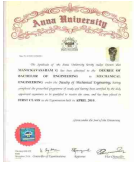

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		25	500	25

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 'R. J.', is written over a grey rectangular background.

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	M.E.-MANUFACTURING ENGINEERING
Name of the faculty member	MR. MANICKAVASAHAM G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 14 MUTHUMANITOWN 3RD CROSS SENTHANEERPURAM
Line 2	TRICHY 620004
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 7598411565
Email	VASAHAM.JI@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BBHPM5507M
Passport Number	
Aadhar Number	286248366686
Faculty code given by C.O.E.	8128351
Faculty code given by A.I.C.T.E.	13182996447
Date of Birth	26-10-1988
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.	MECHANICAL ENGINEERING	2010	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	63	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2016	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-07-2016	03-06-2024	7	11	3
Total				7	11	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)
		50	250	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	M.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. JEYANTHI B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO,7 NORTH MATHULLAN KOLLAI STREET, WORiyUR
Line 2	TRICHY,620003
District	THIRUCHIRAPPALLI
Telephone number	0431 - 2762880
Mobile number	+91 - 6380234315
Email	S.JEYA2K@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AFCPJ6656G
Passport Number	
Aadhar Number	432769633634
Faculty code given by C.O.E.	8128187
Faculty code given by A.I.C.T.E.	12659882467
Date of Birth	30-04-1967
Age	57
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	2013	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	72.8	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2005	OTHERS - BHARATH IDASAN UNIVERSITY	BHARATH IDASAN UNIVERSITY	69.24	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	22-07-2013	03-06-2024	10	10	13
OTHERS - SRINIVASA POLYTECHNIC COLLEGE	OTHERS - LECTURER	20-02-2006	30-09-2011	5	7	9
Total				16	5	25

V. Industrial Experience :

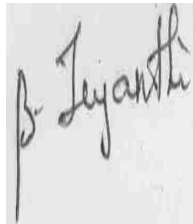
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

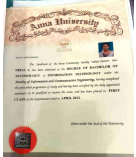

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		50	250	25

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. PRIYA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	PAZHAIYUR, THEMMAVUR POST
Line 2	KULATHUR
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 8525049737
Email	PRIYAALAGAR30@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ETXPP4824H
Passport Number	
Aadhar Number	966219178406
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	30-10-1989
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.TECH.	INFORMATION TECHNOLOGY	2012	KINGS ENGINEERING COLLEGE	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	OTHERS - PERIYAR MANIAM MAI UNIVERSITY	OTHERS - PERIYAR MANIAM MAI 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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	11-08-2023	03-06-2024	0	9	24
Total				0	9	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. MADHAVAN V.R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 242/A,VELLAIPILLAYARPATTI,KANANGUDI POST,KULATHUR TK,
Line 2	PUDUKKOTTAI,622502
District	PUDUKKOTTAI
Telephone number	04339 - 262141
Mobile number	+91 - 9003759711
Email	MADHAVAN_ORANGE@YAHOO.CO.IN
Gender	MALE
Community	MBC
PAN Number	FVMPPM7758H
Passport Number	
Aadhar Number	285400979890
Faculty code given by C.O.E.	8128213
Faculty code given by A.I.C.T.E.	12183200254
Date of Birth	24-12-1983
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.E.	COMPUTER SCIENCE AND ENGINEERING	2013	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.4	FIRST CLASS	
P.G.	M.SC.	OTHERS - SOFTWARE ENGINEERING	2006	SUDHARSAN ENGINEERING COLLEGE	BHARATHIDASAN 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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	22-07-2013	03-06-2024	10	10	13
Total				10	10	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


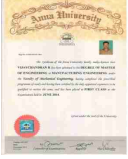
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of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

Signature of the Faculty :

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

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	M.E.-MANUFACTURING ENGINEERING
Name of the faculty member	MR. VIJAY CHANDRAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 88 TRANSPORT NAGAR,KALANIVASAL MAIN ROAD
Line 2	KARAIKUDI 630002
District	SIVAGANGAI
Telephone number	-
Mobile number	+91 - 9865083443
Email	GURUCHANDRAN.C@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ARJPV5945M
Passport Number	
Aadhar Number	271944141474
Faculty code given by C.O.E.	8128291
Faculty code given by A.I.C.T.E.	12187806386
Date of Birth	05-09-1981
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.	MECHANICAL ENGINEERING	2011	ALAGAPPA CHETTIAR GOVERNMENT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	66.2	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2014	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.09	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	08-08-2014	03-06-2024	9	9	27
Total				9	9	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**

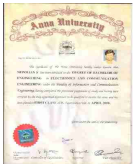

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		25	250	25

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the faculty member	MR. NEPOLIAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	VADAKADAU VIA
Line 2	PUDUKKOTTAI
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 8248555868
Email	NEPOLIAN84@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AXHPN8330J
Passport Number	AXHPN8330J
Aadhar Number	711195659489
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	02-05-1984
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2010	ALAGAPPA CHETTIAR GOVERNMENT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2013	MOUNT ZION COLLEGE OF ENGINEERING AND TECHNOLOGY	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
OTHERS - MAR POLYTECHNIC COLLEGE	OTHERS - LECTURER	19-12-2016	10-08-2021	4	7	23
OTHERS - SRINIVASA POLYTECHNIC COLLEGE	OTHERS - LECTURER	16-08-2021	04-08-2023	1	11	20
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	07-08-2023	03-06-2024	0	9	28
OTHERS - ROYAL POLYTECHNIC COLLEGE	OTHERS - LECTURER	05-05-2010	05-07-2015	5	2	1
Total				12	7	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. BASKAR R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	239 KALAPPARAI AYYAMPALAYAM PO
Line 2	MANACHANALLUR TK TRICHY
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9585785172
Email	BASMATHS02@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BUOPB6587Q
Passport Number	
Aadhar Number	427000843469
Faculty code given by C.O.E.	8142131
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	22-08-1990
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 - MATHEMATICS	2011	OTHERS - STJOSEPHS COLLEGE	BHARATH IDASAN UNIVERSITY	54	SECOND CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2013	OTHERS - NEHRU MEMORIAL COLLEGE	BHARATH IDASAN UNIVERSITY	78	FIRST CLASS	
OTHERS - M.PHIL.	OTHERS - M.PHIL.	OTHERS - MATHEMATICS	2014	OTHERS - BISHOP HEBER COLLEGE	BHARATH IDASAN 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
SURYA COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	24-06-2019	15-12-2020	1	5	22
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	22-11-2021	03-06-2024	2	6	12
SHRI ANGALAMMAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2016	13-04-2019	2	9	13
Total				6	9	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) 100	Re-Evaluation (No. of scripts Evaluated) 50
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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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. NATCHIAMMAI PL
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/280 MARUTHI NAGAR FIRST CROSS
Line 2	GUNDUR, AIRPORT - 620007
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 7708235835
Email	GMEENU2000@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	AZXP5459L
Passport Number	
Aadhar Number	667910101514
Faculty code given by C.O.E.	8128262
Faculty code given by A.I.C.T.E.	12285384874
Date of Birth	18-08-1973
Age	51
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 - A.M.I.E	OTHERS - ECE	2008	OTHERS - THE INSTITUTION OF ENGINEERS INDIA	OTHERS - IEI KOLKATA	8.69	DISTINCT ION	
P.G.	M.E.	COMMUNICATION SYSTEMS	2014	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.04	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	24-07-2014	13-11-2014	0	3	21
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	14-11-2014	03-06-2024	9	6	20
OTHERS - SRINIVASA POLYTECHNIC COLLEGE	OTHERS - LECTURER	01-06-2009	23-07-2014	5	1	23
Total				15	0	4

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
KODY ELCOT LTD	SERVICE ENGINEER	BIOMEDICAL INSTRUMENTS	01-12-1993	01-12-1994	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

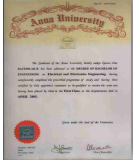
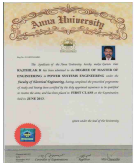
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		25	250	25

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. RAJTHILAK R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	F1 KANNIGA FLATS, SRINIVASA NAGAR
Line 2	THIRUVANAIVKOVIL,620005
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9629294903
Email	THILAKPSS@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AUHPR8253M
Passport Number	
Aadhar Number	649883737636
Faculty code given by C.O.E.	8128068
Faculty code given by A.I.C.T.E.	1764312342
Date of Birth	21-05-1983
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2005	SARANATHAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	72.75	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2013	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	ANNA UNIVERSITY	7.76	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	21-12-2011	30-09-2013	1	0	10
M A M COLLEGE OF ENGINEERING	OTHERS - LECTURER	19-02-2007	28-12-2007	0	10	9
PAVENDAR BHARATHIDASAN COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	08-01-2008	19-12-2011	3	11	20
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-10-2013	03-06-2024	10	8	3
Total				16	6	16

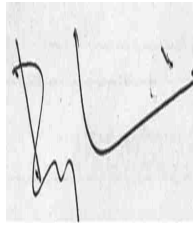
V. Industrial Experience :


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

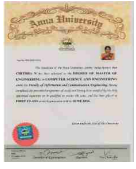

VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

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)
		20	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. CHITHRA N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	80/7 NAWAB GARDEN
Line 2	WORIUR,TRICHY-620003
District	THIRUCHIRAPPALLI
Telephone number	0431 - 6524470
Mobile number	+91 - 8508810005
Email	GCGL2015@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AQBPC8964E
Passport Number	
Aadhar Number	535381604788
Faculty code given by C.O.E.	8128285
Faculty code given by A.I.C.T.E.	12288785899
Date of Birth	22-03-1982
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
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.8	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2007	OTHERS - CAUVERY COLLEGE FOR WOMEN	BHARATH IDASAN 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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-02-2015	03-06-2024	9	3	27
Total				9	3	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


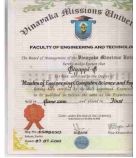
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		20	200	20

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 "N. Chithra", is written over a light gray rectangular background.

Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	M.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. SIGAPPI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	16/13,VIRACHILAI POST,THIRUMAYAM,
Line 2	PUDUKOTTAI,622412
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 9943374181
Email	STREEVAISH_04@YAHOO.CO.IN
Gender	FEMALE
Community	MBC
PAN Number	FKCPS7826D
Passport Number	FKCPS7826D
Aadhar Number	404941917571
Faculty code given by C.O.E.	8128188
Faculty code given by A.I.C.T.E.	12184648093
Date of Birth	07-02-1981
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
P.G.	M.SC.	OTHERS - COMPUTER SCIENCE	2007	OTHERS - GOVT WOMEN COLLEGE	BHARATH IDASAN UNIVERSITY	72.5	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2010	OTHERS - AARUPADAI VEEDU INSTITUTE OF ENGG AND TECH	OTHERS - VINAYAKA MISSIONS 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
MOUNT ZION COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	28-06-2010	16-05-2013	2	10	19
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-06-2013	03-06-2024	10	11	7
Total				13	9	1

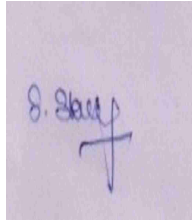
V. Industrial Experience :

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)
		25	250	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. VINODH KANNAN T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	38/15,SUBRAMANIAPURAM,SRIRANGAM
Line 2	TRICHY,620006
District	THIRUCHIRAPPALLI
Telephone number	0431 - 2435540
Mobile number	+91 - 9443711811
Email	STVINODH@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AHBPT3623J
Passport Number	
Aadhar Number	246743558680
Faculty code given by C.O.E.	8128067
Faculty code given by A.I.C.T.E.	12183092809
Date of Birth	03-05-1978
Age	46
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	2011	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	7.27	FIRST CLASS	
P.G.	OTHERS - M.S	OTHERS - INFORMATION TECHNOLOGY	2002	OTHERS - BHARATHI DASAN UNIVERSITY	BHARATHI DASAN UNIVERSITY	67.8	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
SURYA COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	26-06-2012	30-11-2012	0	5	5
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-12-2012	03-06-2024	11	6	3
Total				11	11	13

V. Industrial Experience :


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
KRISTAL PROJECT INDIA LTD	SR TEST ENGINEER	SOFTWARE TESTING	11-06-2007	02-12-2008	1	5	22
COBS TECHNOLOGIES	TEST ENGINEER	SOFTWARE TESTING	10-05-2004	05-04-2007	2	10	27
Total					4	4	20

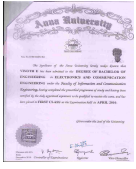
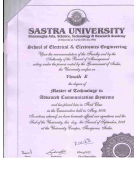
VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

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)
		25	500	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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	MR. VINOTH E
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	178, SHARMA COLONY
Line 2	E PUDUR - 620012
District	THIRUCHIRAPPALLI
Telephone number	0431 - 2471292
Mobile number	+91 - 9944617849
Email	VINOSUJA@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	ABEPE0275A
Passport Number	J2902955
Aadhar Number	825853171325
Faculty code given by C.O.E.	8128079
Faculty code given by A.I.C.T.E.	11502245793
Date of Birth	24-10-1988
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	M A M COLLEGE OF ENGINEERING	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.TECH.	OTHERS - ADVANCED COMMUNICATION SYSTEMS	2012	OTHERS - SASTRA UNIVERSITY	OTHERS - SASTRA 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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	26-12-2012	03-06-2024	11	5	9
Total				11	5	11

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
NARNICO INDIA PVT LTD CHENNAI	SERVICE ENGINEER	OCEANOGRAPHY EQUIPMENTS	09-08-2012	29-09-2012	0	1	21
Total					0	1	21

VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**


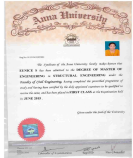
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		25	250	25

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. EUNICE S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	45,ANNA STREET,MELAKALKANDAR KOTTAI
Line 2	TIRUCHIRAPALLI-620011.
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9566693080
Email	SEUNICE95666@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BSJPS5354M
Passport Number	
Aadhar Number	536136694450
Faculty code given by C.O.E.	8128325
Faculty code given by A.I.C.T.E.	2656563395
Date of Birth	26-03-1983
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
U.G.	B.E.	CIVIL ENGINEERING	2004	GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	BHARATHIDASAN UNIVERSITY	78.7	DISTINCTION	
P.G.	M.E.	STRUCTURAL ENGINEERING	2015	MAHATHAMMA INSTITUTE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.13	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-07-2015	03-06-2024	8	10	25
Total				8	10	0

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
SOBHA DEVELOPERS LTD	PROJECT ENGINEER	PLANNING	27-01-2006	16-06-2008	2	4	21
Total					2	4	22

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) 200	Re-Evaluation (No. of scripts Evaluated) 20

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MRS. RENUKA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	52/89, NEW STREET, OTHAKADAI, CANTONMENT
Line 2	TRICHY, 620 001
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9698515973
Email	RENURAMESH83@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	EPNPR8246M
Passport Number	
Aadhar Number	640609936578
Faculty code given by C.O.E.	8128242
Faculty code given by A.I.C.T.E.	12187756813
Date of Birth	29-12-1983
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.	OTHERS - M.PHIL	OTHERS - CHEMISTRY	2013	OTHERS - BISHOP HEBER COLLEGE	BHARATHI DASAN UNIVERSITY	71	FIRST CLASS	
P.G.	OTHERS - M. SC	OTHERS - CHEMISTRY	2011	OTHERS - JAMAL MOHAMED COLLEGE	BHARATHI DASAN UNIVERSITY	70	FIRST CLASS	
OTHERS - UG	OTHERS - B.SC	OTHERS - CHEMISTRY	2005	OTHERS - HOLYCROSS COLLEGE	BHARATHI DASAN UNIVERSITY	59	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	08-06-2013	31-03-2014	0	9	23
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-04-2014	03-06-2024	10	2	3
Total				10	11	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)
	1	20	200	20

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MR. SELVAKUMAR A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	123/46-E, RAJARAJA CHOLA NAGAR, SRINIVASAPURAM
Line 2	THANJAVUR, 613 009
District	THANJAVUR
Telephone number	-
Mobile number	+91 - 9585462465
Email	SELVAKUMAR141087@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	HQHPS6631B
Passport Number	
Aadhar Number	325830728420
Faculty code given by C.O.E.	8128016
Faculty code given by A.I.C.T.E.	11365747142
Date of Birth	27-01-1988
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - CHEMISTRY	2007	OTHERS - RAJAH SERFOJI COLLEGE	BHARATHI DASAN UNIVERSITY	71	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - CHEMISTRY	2013	OTHERS - AVVM SRIPUSHPAM COLLEGE	BHARATHI DASAN UNIVERSITY	71	SECOND CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2010	OTHERS - RAJAH SERFOJI GOVT COLLEGE	BHARATHI DASAN UNIVERSITY	71	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	29-08-2012	31-03-2014	1	7	3
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-04-2014	03-06-2024	10	2	3
Total				11	9	10

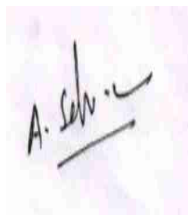
V. Industrial Experience :


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


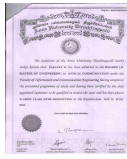
VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		25	250	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	M.E.-COMMUNICATION SYSTEMS
Name of the faculty member	MRS. PAPAYEE L
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3959, SOUTH 3RD STREET
Line 2	PUDUKKOTTAI - 622001
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 7904458036
Email	PAPAYEELAKSHMANAN@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	AHTPP4568N
Passport Number	
Aadhar Number	493382566348
Faculty code given by C.O.E.	8128131
Faculty code given by A.I.C.T.E.	1425994558
Date of Birth	12-02-1972
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
U.G.	OTHERS - A.M.I.E	OTHERS - ECE	2006	OTHERS - THE INSTITUTION OF ENGINEERS INDIA	OTHERS - IEI KOLKATTA	61.4	FIRST CLASS	
P.G.	M.E.	OPTICAL COMMUNICATION	2009	ALAGAPPA CHETTIAR GOVERNMENT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	80.9	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	30-06-2010	31-01-2011	0	7	1
CHENDHURAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	03-06-2009	17-06-2010	1	0	15
OTHERS - VENKATESVARA POLYTECHNIC COLLEGE	OTHERS - LECTURER	02-01-2007	14-08-2007	0	7	13
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-02-2011	03-06-2024	13	4	3
Total				15	7	6

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

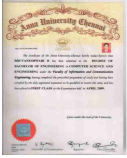

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
1		50	500	25

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MS. BHUVANESHWARI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	26 ARO NAGAR KK NAGAR
Line 2	AIRPORT POST, TRICHY 620007
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 8760472094
Email	BHUVANESWARI1987@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	FNVPB4147Q
Passport Number	
Aadhar Number	950543835225
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	111318846837
Date of Birth	28-11-1987
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	M I E T ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE ENGINEERING	2012	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	87	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	24-11-2021	03-06-2024	2	6	10
Total				2	6	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)	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.

Signature of the Faculty :

A handwritten signature in blue ink, appearing to be 'B. S.', is written over a faint, illegible stamp or text.

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. XAVITHA X
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	D.NO. A-44, RAILWAY STATION ROAD
Line 2	KEERANUR
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 9498426520
Email	XAVITHAXAVIER@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AAGPX1512J
Passport Number	
Aadhar Number	418754704675
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	11-09-1998
Age	26
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	2019	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2021	UNIVERSAL COLLEGE OF ENGINEERING AND TECHNOLOGY	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	24-11-2021	03-06-2024	2	6	10
Total				2	6	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)	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.

A handwritten signature in black ink on a light pink background. The signature appears to be 'X. Xani' with a horizontal line underneath the name.

Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. KEERTHANASRI G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	TS NO. 1391 WEST STREET
Line 2	PUDUKKOTTAI
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 8610908884
Email	KEERTHANASRI1997@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DAMPG0181F
Passport Number	
Aadhar Number	822058492076
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	111309062762
Date of Birth	21-12-1997
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	2019	MOUNT ZION COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.49	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2021	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	ANNA UNIVERSITY	8.39	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	22-12-2021	03-06-2024	2	5	13
Total				2	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 :

A handwritten signature in black ink, appearing to be 'A. Jay', is written on a light-colored background.

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. KARUPPAIAH C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	48/45 WEST STREET UDAIYANPATTI
Line 2	K SATHANUR POST - 620021
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9894906447
Email	SEEKAY.TRY@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AXFPK2520B
Passport Number	
Aadhar Number	671441785977
Faculty code given by C.O.E.	8128295
Faculty code given by A.I.C.T.E.	12640357735
Date of Birth	30-07-1981
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2009	ALAGAPPA CHETTIAR GOVERNMENT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	62	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2012	JJ COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.67	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	26-03-2015	03-06-2024	9	2	9
M A R COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	16-07-2012	10-02-2015	2	6	26
Total				11	9	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


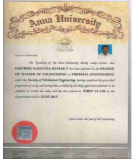
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		25	250	25

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. PARTHIPA SARAVANA KUMAR T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	28/21 KAMARAJAPURAM
Line 2	25TH STREET
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 7305977929
Email	PARTHIPASS2010@GMAILCOM
Gender	MALE
Community	SC
PAN Number	AUMPT7818H
Passport Number	
Aadhar Number	820455236540
Faculty code given by C.O.E.	9133118
Faculty code given by A.I.C.T.E.	13568182343
Date of Birth	15-03-1978
Age	46
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	2002	MAHENDRA ENGINEERING COLLEGE (AUTONOMOUS)	UNIVERSITY OF MADRAS	58	SECOND CLASS	
P.G.	M.E.	THERMAL ENGINEERING	2013	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	ANNA UNIVERSITY	7.78	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-04-2022	03-06-2024	2	1	16
MOTHER TERASA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	16-06-2015	31-05-2016	0	11	15
PMR ENGINEERING COLLEGE	OTHERS - LECTURER	05-11-2008	31-05-2010	1	6	26
J K K NATARAJA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	04-07-2016	31-05-2017	0	10	28
VAIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-07-2017	31-03-2021	3	8	29
MOUNT ZION COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	03-06-2013	10-04-2015	1	10	8
Total				11	2	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

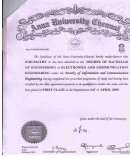

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
2		50	250	25

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MRS. INDUMATHY A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	FLAT NO 26-A, KAVERY BLOCK, 78, VIGNESH AVENUE
Line 2	PALAYAM BAZAR, WORAIYUR - 620003
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9629870641
Email	AINDUMATHYAUG5@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AELPI1197P
Passport Number	
Aadhar Number	284297830701
Faculty code given by C.O.E.	8128226
Faculty code given by A.I.C.T.E.	1424547061
Date of Birth	05-03-1987
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2009	SHRI ANGALAM MAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.3	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2014	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.57	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-12-2014	03-06-2024	9	5	25
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	02-07-2009	09-12-2014	5	5	8
Total				14	11	8

V. Industrial Experience :

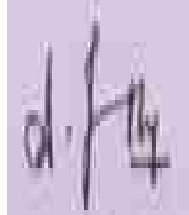
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**


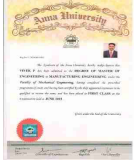
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		25	250	25

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. VIVEK P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	HC 314 PHASE I ANNA NAGAR
Line 2	TRICHY 620026
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9788075886
Email	PVIVEK_VINO@YAHOO.CO.IN
Gender	MALE
Community	SC
PAN Number	AQPPV0034J
Passport Number	H1750945
Aadhar Number	710071432168
Faculty code given by C.O.E.	8128302
Faculty code given by A.I.C.T.E.	2188025057
Date of Birth	09-03-1985
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.	MECHANICAL ENGINEERING	2009	JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2015	MOOKAMBIGAI COLLEGE OF ENGINEERING	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-11-2015	03-06-2024	8	6	30
Total				8	6	3

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
BHEL PIPING CENTRE	APPRENTICE TRAINING	PIPING LAYOUT PREPARATION AND IBR PREPARATION	08-08-2011	08-10-2012	1	2	1
TOOLFAB ENGINEERING INDUSTRY	DESIGN AND QUALITY ENGINEER	INSPECTION	01-08-2009	30-07-2011	1	11	30
Total					3	2	1

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)
		100	250	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MATHEMATICS
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING (ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING)
Name of the faculty member	MRS. SASIKALA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	37/A PUTHUR HIGH ROAD
Line 2	TRICHY-17
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9952895907
Email	SASISRISAI522@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DTBPS3742A
Passport Number	
Aadhar Number	405827346738
Faculty code given by C.O.E.	8142091
Faculty code given by A.I.C.T.E.	1453220426
Date of Birth	05-11-1984
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
P.G.	M.SC.	OTHERS - MATHS	2007	OTHERS - JAMAL MOHAMMED COLLEGE	BHARATH IDASAN UNIVERSITY	79	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MATHS	2008	OTHERS - JAMAL MOHAMMED COLLEGE	BHARATH IDASAN 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
SHRI ANGALAMMAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	28-06-2010	07-05-2016	5	10	10
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-12-2021	04-06-2024	2	6	2
OTHERS - PONNAIYA RAMAJEYAM SCIENCE AND TECHNOLOGY	OTHERS - LECTURER	01-01-2008	31-05-2010	2	4	31
Total				10	9	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**

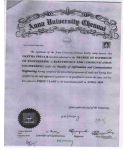
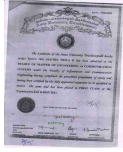
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	M.E.-COMMUNICATION SYSTEMS
Name of the faculty member	MRS. GEETHA PRIYA B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	55/17 REDDY STREET, BEEMA NAGAR
Line 2	PALAKARAI - 620001
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9994713674
Email	GEETHASUBRAMANIAN88@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BGXPG1175J
Passport Number	
Aadhar Number	885981482819
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	15-03-1988
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	2009	TRICHY ENGINEERING COLLEGE	ANNA UNIVERSITY	74	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2011	SARANATHAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	8.28	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	23-06-2014	03-06-2024	9	11	11
SHIVANI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	15-06-2012	30-04-2014	1	10	16
TRICHY ENGINEERING COLLEGE	ASSISTANT PROFESSOR	15-06-2011	28-05-2012	0	11	14
Total				12	9	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

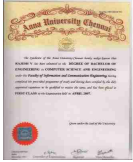
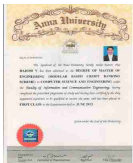
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 25	Central Evaluation (No. of scripts Evaluated) 250	Re-Evaluation (No. of scripts Evaluated) 25
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in black ink on a light purple background. The signature is stylized and appears to consist of a large letter 'B' followed by a series of loops and a horizontal line at the end.

Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. RAJESH V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5,MARUTHI NAGAR 1ST TSREET
Line 2	GUNDUR 620007
District	THIRUCHIRAPPALLI
Telephone number	04339 - 262273
Mobile number	+91 - 9840411964
Email	KVRAJESH84@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	APGPR2822C
Passport Number	
Aadhar Number	467184102168
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	10-05-1984
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	2007	VEL TECH	ANNA UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	ANNA UNIVERSITY REGIONAL CAMPUS, TIRUCHIRAPPALLI	ANNA UNIVERSITY	7.28	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-12-2016	03-06-2024	7	5	30
Total				7	5	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**

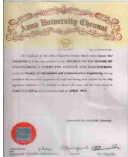

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		25	250	25

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. SHARMILA G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4-KARUDA NAGAR,SOOLAMANGALAM ROAD,
Line 2	AYYAMPETTAI,614201
District	THANJAVUR
Telephone number	-
Mobile number	+91 - 8973441764
Email	SHARMISANG@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	GWLPS7666M
Passport Number	
Aadhar Number	854333708259
Faculty code given by C.O.E.	8128020
Faculty code given by A.I.C.T.E.	1800076502
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.	COMPUTER SCIENCE AND ENGINEERING	2008	OTHERS - PERIYAR MANIAM MAI COLLEGE OF TECHNOLOGY FOR WOMEN	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	ANNA UNIVERSITY REGIONAL CAMPUS, TIRUCHIRAPPALLI	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	15-12-2011	13-07-2013	1	6	30
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	15-07-2013	03-06-2024	10	10	20
OTHERS - INFANT JESUS POLYTECHNIC COLLEGE	OTHERS - LECTURER	07-07-2009	31-05-2011	1	10	25
Total				14	4	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**

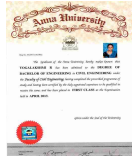

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		25	250	25

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. YOGALAKSHMI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/594-32,8TH CROSS,3RD STREET,ADAIKALA ANNAI NAGAR,PONMALAIPATTI
Line 2	TRICHY 620004
District	THIRUCHIRAPPALLI
Telephone number	0431 - 2490388
Mobile number	+91 - 9715617755
Email	RAMESHYOGALAKSHMI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ADSPY0511F
Passport Number	
Aadhar Number	912685793119
Faculty code given by C.O.E.	8128366
Faculty code given by A.I.C.T.E.	
Date of Birth	19-06-1989
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.	CIVIL ENGINEERING	2013	SRI BHARATHI ENGINEERING COLLEGE FOR WOMEN	ANNA UNIVERSITY	75.6	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2015	CHENDHURAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	75.9	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-08-2015	03-06-2024	8	10	1
Total				8	10	6

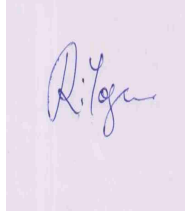
V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
BHEL	APPRENTICESHIP	PLANNING	08-09-2009	09-09-2010	1	0	2
Total					1	0	2

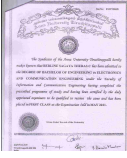
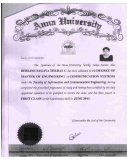
VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 15	Central Evaluation (No. of scripts Evaluated) 200	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the faculty member	MRS. BERLINE SAGAYA THERAS C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	36/41, PADAYACHI STREET,
Line 2	PALAKKARAI - 620001
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 8973587187
Email	BCBERLINECHARLES@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AVWPB0249F
Passport Number	
Aadhar Number	505258249095
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	30-11-1989
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	2011	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2013	SARANATHAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	7.62	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	15-07-2013	03-06-2024	10	10	20
Total				10	10	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

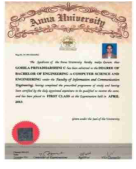

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of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

Signature of the Faculty :

A handwritten signature in blue ink that reads "Baseline". The signature is written in a cursive style and is set against a light purple rectangular background.

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. GOHILA PRIYADHARSHINI C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/150J SEMBARUTHI MALAR STREET
Line 2	VASANTHA NAGAR, SOMARASAMPETTAI
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9629626333
Email	PRADHARSHINI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BAZPG3164K
Passport Number	
Aadhar Number	403606245228
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	04-09-1991
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	M I E T ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.83	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	M I E T ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.29	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	08-08-2022	04-06-2024	1	9	28
Total				1	9	2

V. Industrial Experience :

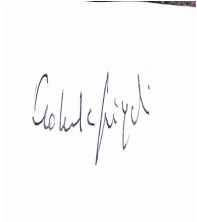
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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)	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 "A. K. Singh", is centered within a light gray rectangular box.

Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. MIDHUNA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	14C, GNANANANDHAGIRI NAGAR
Line 2	DEVAKOTTAI
District	SIVAGANGAI
Telephone number	-
Mobile number	+91 - 8220818614
Email	MIDHUNA1853@MOUNTZION.AC.IN
Gender	FEMALE
Community	BC
PAN Number	EYTPA3099E
Passport Number	
Aadhar Number	377258705281
Faculty code given by C.O.E.	8128430
Faculty code given by A.I.C.T.E.	43383387641
Date of Birth	20-06-1999
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	2020	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	68.9	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2022	ALAGAPPA CHETTIAR GOVERNMENT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	84.5	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
MOUNT ZION COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	23-01-2023	31-07-2023	0	6	9
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-08-2023	03-06-2024	0	9	25
Total				1	4	6

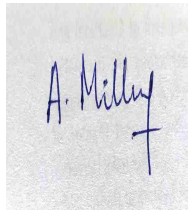
V. Industrial Experience :


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

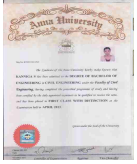

VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. KANNIGA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.36 VISWAPPA NAYAKAN PETTAI STREET
Line 2	PUTHUR 620017
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9688922825
Email	KANNIGA.1112@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	COLPK7382G
Passport Number	
Aadhar Number	485841615684
Faculty code given by C.O.E.	8128411
Faculty code given by A.I.C.T.E.	2187463746
Date of Birth	11-12-1991
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.	CIVIL ENGINEERING	2013	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	85.1	DISTINCT ION	
P.G.	M.E.	STRUCTURAL ENGINEERING (PART TIME)	2016	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	ANNA UNIVERSITY	81.8	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	05-07-2013	31-10-2016	3	3	27
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2016	03-06-2024	7	7	3
Total				10	10	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)
		25	200	20

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. SATHYAKALA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	367 45B N. SATHIRAM
Line 2	KALAMAVUR
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 9965738145
Email	SATHYAKALA_RAMASAMY@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	FYQPR6433F
Passport Number	
Aadhar Number	851325172020
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	21-02-1987
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	2010	ANNA UNIVESITY REGIONAL CAMPUS, TIRUCHIRAPPALLI	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	MOOKAMBIGAI COLLEGE OF ENGINEERING	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-05-2022	03-06-2024	2	0	31
Total				2	1	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 :

A handwritten signature in blue ink, appearing to read "Sallyak", is positioned to the right of the text "Signature of the Faculty :". The signature is written in a cursive style.

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. REVATHY S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	590 KUMARAKEERTHI ILLAM, CHITHAMBARA NAGAR, MATHUR
Line 2	PUDUKKOTTAI 622515
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 9976751382
Email	VAISHIKANRAJA@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	BVRPR8133G
Passport Number	
Aadhar Number	670138045309
Faculty code given by C.O.E.	8128280
Faculty code given by A.I.C.T.E.	12183249340
Date of Birth	29-05-1986
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHS	2006	OTHERS - SRC TRICHY	BHARATHI DASAN UNIVERSITY	72	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHS	2008	OTHERS - SRC TRICHY	BHARATHI DASAN UNIVERSITY	80	FIRST CLASS	
P.G.	OTHERS - MPHIL	OTHERS - MATHS	2009	OTHERS - SRC TRICHY	BHARATHI DASAN UNIVERSITY	83.33	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 - PAVENDAR BHARATHIDASAN POLYTECHNIC	OTHERS - LECTURER	08-12-2009	25-04-2012	2	4	18
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	08-07-2013	03-06-2024	10	10	27
Total				13	3	17

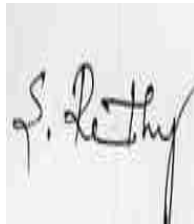
V. Industrial Experience :

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) 250	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MS. JULIET CELINE MARY B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	W/O ALWYN FRANCIS PHILOMINRAJ, 12/125 RAMASAMY NAGAR
Line 2	KILAKURICHI, PONMALAI
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9629997055
Email	JULIETCELINE@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AVPPJ0254R
Passport Number	
Aadhar Number	209419236139
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	27-05-1989
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.TECH.	INFORMATION TECHNOLOGY	2010	ANJALAI AMMAL MAHALIN GAM ENGINEERING COLLEGE	ANNA UNIVERSITY	77.2	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2020	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.93	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-07-2022	03-06-2024	1	10	17
Total				1	10	22

V. Industrial Experience :

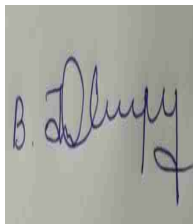
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


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


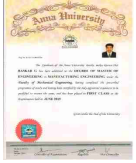
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		25	100	25

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 "B. Dwyer", is centered within a rectangular box. The signature is written in a cursive style with a vertical line extending downwards from the end.

Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	M.E.-MANUFACTURING ENGINEERING
Name of the faculty member	MR. BASKAR G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	151 GANESHAPURAM THOTTIYAM
Line 2	TRICHY 621215
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9597231932
Email	BASKAR.AUT@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BDCPB0964Q
Passport Number	K1666181
Aadhar Number	677813385231
Faculty code given by C.O.E.	8128300
Faculty code given by A.I.C.T.E.	11502497189
Date of Birth	26-05-1991
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.	MECHANICAL ENGINEERING	2012	UNIVERSITY COLLEGE OF ENGINEERING ARIYALUR	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2015	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	82.6	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	26-12-2012	28-08-2013	0	8	3
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-11-2015	03-06-2024	8	6	30
Total				9	3	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**


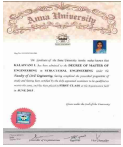
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		100	500	20

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. KALAIVANI L
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/323,1/326, BHARATHNAGAR, POOLANGUDI COLONY, HAPP POST,
Line 2	TRICHY - 620 025
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 7871238577
Email	DWARAKESHNANDHU@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	DLOPK0244Q
Passport Number	
Aadhar Number	592249366277
Faculty code given by C.O.E.	8128323
Faculty code given by A.I.C.T.E.	2644984423
Date of Birth	31-05-1978
Age	46
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	2003	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHI RAPPALLI	BHARATHIDASAN UNIVERSITY	58	SECOND CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2015	M I E T ENGINEERING COLLEGE (AUTONOMOUS)	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-07-2015	03-06-2024	8	11	3
Total				8	11	8

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
RPP CONSTRUCTION PVT LTD	SUPERVISOR	AUTO CADD DRAWINGS	02-05-2001	28-07-2008	7	2	27
Total					7	2	27

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)
		25	200	25

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 'Kal. Viji', is centered within a light gray rectangular box.

Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. KARTHICK G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/102, GK ILLAM, MANDURAI
Line 2	LALGUDI, TALUK.
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9965988862
Email	GKMTECH2013@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	ALIPG7539B
Passport Number	
Aadhar Number	747346606644
Faculty code given by C.O.E.	8112319
Faculty code given by A.I.C.T.E.	7517473058
Date of Birth	21-07-1982
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2003	SARANATHAN COLLEGE OF ENGINEERING (AUTONOMOUS)	BHARATHIDASAN UNIVERSITY	75	FIRST CLASS	
P.G.	M.TECH.	OTHERS - POWER ELECTRONICS AND DRIVES	2013	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	9.11	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
M I E T ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	25-06-2018	03-02-2020	1	7	9
INDRA GANESAN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-11-2020	25-07-2022	1	8	21
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-02-2014	09-05-2018	4	3	5
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-08-2022	03-06-2024	1	10	1
Total				9	5	10

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
INFOTECH ENTERPRISES LTD	GIS ENGINEER	GIS DRAWING	07-11-2006	10-04-2008	1	5	4
PK STEEL CASTINGS	ELECTRICAL INCHARGE	MAINTENANCE	05-07-2004	03-02-2006	1	6	30
Total					3	0	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)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		10	100	10

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



Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MS. THILAGA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 2/115 GANTHI COLONY K KALLIKUDI
Line 2	SRIRANGAM 620009
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 7708962380
Email	PRINCIPAL@SACET.EDU.IN
Gender	FEMALE
Community	SC
PAN Number	ATTPT9367M
Passport Number	
Aadhar Number	854635911023
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143530565968
Date of Birth	21-07-1991
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	2012	INDRA GANESAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.70	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	M A M COLLEGE OF ENGINEERING AND TECHNOLOGY	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-02-2024	03-06-2024	0	4	3
SHRI ANGALAMMAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-02-2023	14-05-2023	0	3	14
Total				0	7	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 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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. INDHUPRIYA D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	ALANGADU, SOORANVIDUTHI, ALANGUDI.
Line 2	PUDUKKOTTAI-622301
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 8760512660
Email	INDHUDHANUKODY@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ADAPI8753P
Passport Number	
Aadhar Number	347388024394
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	3584402808
Date of Birth	25-05-1993
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2014	KARPAGA VINAYAGA COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2016	MOHAMED SATHAK A.J. ACADEMY OF ARCHITECTURE	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-01-2023	03-06-2024	1	4	17
CHENDHURAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	11-12-2017	21-11-2019	1	11	11
MOTHER TERASA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	04-07-2016	09-12-2017	1	5	6
Total				4	9	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**


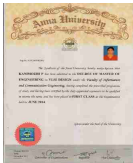
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
----------------------------------	---	--	--	---

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the faculty member	MS. KANIMOZHI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	940 A METTUKKADAI
Line 2	THOTTIYAPATTI POST, MANAPARAI
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9042448837
Email	KANIYADICE@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CBKPK9547F
Passport Number	
Aadhar Number	568274278320
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	04-12-1989
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 INSTRUMENTATION ENGINEERING	2011	JJ COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2014	MOTHER TERASA COLLEGE OF ENGINEERING AND TECHNOLOGY	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	16-12-2019	03-06-2024	4	5	19
Total				4	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)
----------------------------------	---	--	--	---

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	M.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. RAMYA CAUVERY D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4,VAIJAYANTHIMALA ILLAM,AMBETHKAR NAGAR,
Line 2	THIRUVERUMBUR,TRICHY-13
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9944879569
Email	RAMYAC69@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	AZPPR2044H
Passport Number	
Aadhar Number	808019090150
Faculty code given by C.O.E.	8128060
Faculty code given by A.I.C.T.E.	1424109969
Date of Birth	06-09-1980
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.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2004	NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI	OTHERS - DEEMED	8.11	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	M I E T ENGINEERING COLLEGE (AUTONOMOUS)	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	28-09-2007	30-09-2013	6	0	3
OTHERS - SHANMUGHA POLYTECHNIC COLLEGE	OTHERS - LECTURER	06-07-2005	29-09-2006	1	2	24
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-10-2013	03-06-2024	10	8	3
Total				17	10	5

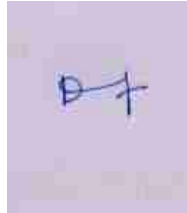
V. Industrial Experience :


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


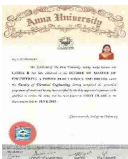
VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 25	Central Evaluation (No. of scripts Evaluated) 250	Re-Evaluation (No. of scripts Evaluated) 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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the faculty member	MRS. LATHA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	F2, ROYAL SHAROBUM,LAWSONS ROAD,CONTONMENT
Line 2	TRICHY,620001
District	THIRUCHIRAPPALLI
Telephone number	00000 - 00000000
Mobile number	+91 - 9514738315
Email	RAMLATHA2011@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ABXPL3086D
Passport Number	
Aadhar Number	350167633307
Faculty code given by C.O.E.	8128396
Faculty code given by A.I.C.T.E.	
Date of Birth	30-06-1978
Age	46
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	2000	OTHERS - SHANMUGA COLLEGE OF ENGINEERING	BHARATHI DASAN UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2015	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.35	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-07-2018	03-06-2024	5	11	1
Total				5	11	6

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

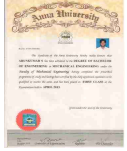

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
-------------------	----------------------------	---	---	--

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

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

Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. ARUNKUMAR S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	185,KEELA NANJUR,NANJUR PO
Line 2	KEERANUR-622502
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 9159110221
Email	ARUNKUMARAK291291@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AVYPA3886D
Passport Number	
Aadhar Number	417621998143
Faculty code given by C.O.E.	8128344
Faculty code given by A.I.C.T.E.	13174944966
Date of Birth	29-12-1991
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.	MECHANICAL ENGINEERING	2013	M I E T ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.05	FIRST CLASS	
P.G.	M.E.	THERMAL ENGINEERING	2016	ANNA UNIVERSITY REGIONAL CAMPUS, TIRUCHIRAPPALLI	ANNA UNIVERSITY	79.99	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	23-05-2016	03-06-2024	8	0	12
Total				8	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 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)
		25	250	25

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. Amy Kung", is centered within a rectangular box. The signature is written in a cursive style.

Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. AMBIGAI PRIYA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.2 NORTH SRINIVASA NAGAR,4TH MAINN ROAD,PUTHUR
Line 2	620017
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9842956245
Email	AMBIKA2224@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	APIPA1447A
Passport Number	
Aadhar Number	413312188631
Faculty code given by C.O.E.	8128369
Faculty code given by A.I.C.T.E.	13174841387
Date of Birth	22-07-1983
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2004	JJ COLLEGE OF ENGINEERING AND TECHNOLOGY	BHARATHIDASAN UNIVERSITY	80.3	DISTINCTION	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2015	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.5	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	11-04-2016	03-06-2024	8	1	23
Total				8	1	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)	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.

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

Signature of the Faculty :

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. RAJAGUNASEKARAN O
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/379-C, JOTHI ISHWARYA GARDEN, SOMARASAMPETTAI
Line 2	TRICHY, 620102
District	THIRUCHIRAPPALLI
Telephone number	0000 - 000000
Mobile number	+91 - 9842527194
Email	ORAJAGUNASEKARAN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	APMPR7897H
Passport Number	
Aadhar Number	592922493535
Faculty code given by C.O.E.	8128312
Faculty code given by A.I.C.T.E.	12489276203
Date of Birth	22-06-1980
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 - EEE	2008	OTHERS - IEI KOLKATA	OTHERS - IEI KOLKATA	55.55	SECOND CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2011	UNIVERSITY COLLEGE OF ENGINEERING, TIRUCHIRAPPALLI	ANNA UNIVERSITY	7.767	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	19-01-2015	03-06-2024	9	4	16
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-01-2012	24-05-2012	0	4	7
SHIVANI COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	14-06-2012	31-05-2013	0	11	17
M I E T ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	03-06-2013	31-10-2014	1	4	28
Total				12	1	9

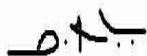
V. Industrial Experience :

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 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		25	250	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	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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	MS. KAMATCHI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	INDHIRA NAGAR
Line 2	KOTTAPATTU
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 7639090518
Email	MITHUNA1999@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	LPCPK3242N
Passport Number	
Aadhar Number	296184781125
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	29-09-1999
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.	COMPUTER SCIENCE AND ENGINEERING	2021	SUDHARSAN ENGINEERING COLLEGE	ANNA UNIVERSITY	7.67	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2023	MOOKAMBIGAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-02-2024	03-06-2024	0	4	3
Total				0	4	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

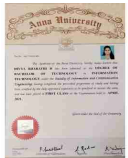
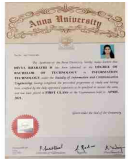
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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	MS. DIVYA BHARATHI B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	542 JR NAGAR KUMARAMANGALAM
Line 2	PUDUKKOTTAI
District	PUDUKKOTTAI
Telephone number	-
Mobile number	+91 - 8682992328
Email	DIVYABHARATHI1999@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	GCJPD3434G
Passport Number	
Aadhar Number	966310590293
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
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.TECH.	INFORMATION TECHNOLOGY	2021	JAYA ENGINEERING COLLEGE	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2023	JAYA 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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	25-04-2024	03-06-2024	0	1	9
Total				0	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 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 "B. Dnyaneshwar", is positioned within a rectangular box. The signature is written in a cursive style.

Signature of the Faculty :



Anna University, Chennai
Mookambigai College of Engineering - 8128

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. ARUNADEVI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	140, JAMAL HUSSAIN NAGAR, NANJIKOTTAI
Line 2	THANJAVUR 613006
District	THANJAVUR
Telephone number	
Mobile number	+91 - 8220537002
Email	ARUNADEVIRAJ@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AQTPA9058P
Passport Number	
Aadhar Number	562467492814
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	16-01-1989
Age	35
I. Particulars of Educational Qualification : (only completed)	

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)
0	0	0	0	0

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. NAVEENAA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	C25 KAVERY BLOCK VIGNESH AVENUE PALAYAM BAZAR.
Line 2	WORJUR.
District	THIRUCHIRAPPALLI.
Telephone number	-
Mobile number	+91 - 9994447909
Email	NAVHAMPROF@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CFSPN9450G
Passport Number	YROAA2627B
Aadhar Number	679220154496
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	17-06-1989
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	2010	OTHERS - PERIYAR MANIAMAN COLLEGE	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2012	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA 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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-01-2023 11-03-2024	06-03-2023 04-06-2024	0	2	5
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-08-2012	20-02-2021	8	6	20
Total				8	8	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 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 :**



Anna University, Chennai
Mookambigai College of Engineering - 8128

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
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. PADMANABAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9, KAMALA GANESH NAGAR, AIRPORT
Line 2	TIRUCHIRAPALLI 620007
District	TIRUCHIRAPALLI
Telephone number	
Mobile number	+91 - 7373766380
Email	PADMANABANR@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CRRPP8662D
Passport Number	
Aadhar Number	554448482596
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	24-06-1984
Age	40
I. Particulars of Educational Qualification : (only completed)	

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

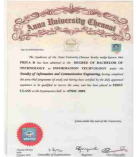

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
0	0	0	0	0

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

Signature of the Faculty :



Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE & ENGINEERING
Name of the Degree & Course	B.TECH.- ARTIFICIAL INTELLIGENT & DATA SCIENCE
Name of the faculty member	MRS. PRIYA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	38/9B METTU STREET
Line 2	BEEMANAGAR TRICHY - 620001
District	THIRUCHIRAPPALLI
Telephone number	0431 -
Mobile number	+91 - 9789737898
Email	AMCHRISTPRI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BAYPP6009B
Passport Number	L7698511
Aadhar Number	311586960610
Faculty code given by C.O.E.	8128267
Faculty code given by A.I.C.T.E.	424065694
Date of Birth	21-02-1989
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	2009	TRICHY ENGINEERING COLLEGE	ANNA UNIVERSITY	76	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	TRICHY 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
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	21-07-2009	03-09-2012	3	1	14
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	09-02-2020 11-03-2024	19-03-2022 04-06-2024	2	1	11
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-07-2014	30-10-2017	3	3	30
Total				8	6	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)
----------------------------------	---	--	--	---


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





Signature of the Faculty :



Anna University, Chennai
Mookambigai College of Engineering - 8128

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.TECH- ARTIFICIAL INTELLIGENCE & DATA SCIENCE
Name of the faculty member	MRS. SUDHA D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	106, JAIHIND NAGAR, KEERANUR
Line 2	PUDUKKOTTAI 622502
District	PUDUKKOTTAI
Telephone number	
Mobile number	+91 - 6382283113
Email	SUDHAPOOJA4415@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	HREPS5584M
Passport Number	
Aadhar Number	763554991080
Faculty code given by C.O.E.	8128433
Faculty code given by A.I.C.T.E.	
Date of Birth	27-11-1986
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
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2010	SUDHARSA N ENGINEERING COLLEGE	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	UNIVERSITY OF ENGINEERING, TRICHY	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
MOOKAMBIGAI COLLEGE OF ENGG.	ASST. PROF	04-04-2024	04-06-2024			
Total				0	0	0

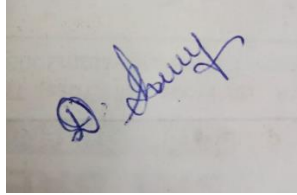
V. Industrial Experience :


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


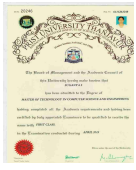
VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Examination during the last year**

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)
0	0	0	0	0

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

**Signature of the Faculty :**

Name of the College	8128 - MOOKAMBIGAI COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	BE-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. SUGANYA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/127 121A, LALAPETTAI, KK PURAM TK
Line 2	KARUR - 639105
District	KARUR
Telephone number	-
Mobile number	+91 - 9080244877
Email	SUGANYA1987@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CGCPS6025H
Passport Number	
Aadhar Number	485621980968
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	12-07-1987
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.	COMPUTER SCIENCE AND ENGINEERING	2010	TRICHY ENGINEERING COLLEGE	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	81.46	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
MOOKAMBIGAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	11-03-2024	04-06-2024	0	0	6
Total				0	0	6

V. Industrial Experience :

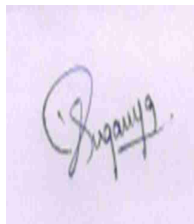
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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 on a purple background. The signature is cursive and appears to read "S. J. H. 19".

Signature of the Faculty :