





Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	OTHERS - ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MR. ILANGO K
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	5/111/1 WEST STREET PURATHAKUDI
Line 2	TRICHY
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9443139060
Email	KXILA74@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ABVPI8747E
Passport Number	
Aadhar Number	850421044385
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	19314570941
Date of Birth	26-07-1975
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.	MECHANICAL ENGINEERING	1996	OTHERS - ANGALA AMMAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	57	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2011	M A M COLLEGE OF ENGINEERING	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2001	OTHERS - MADURAI KAMARAJ UNIVERSITY	MADURAI KAMARAJ UNIVERSITY	68	FIRST CLASS	

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	20-06-2019	13-02-2024	4	7	24
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	20-05-2013	05-11-2014	1	5	17
OTHERS - SRI ADHISANKARAR POLYTECHNIC COLLEGE	OTHERS - LECTURER	13-06-2001	18-05-2013	11	11	6
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	06-06-2019	19-06-2019	0	0	14
Total				18	1	2

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :


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



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	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	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	OTHERS - ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. MAHALAKSHMI A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	34/1 VASU MEENA ILLAM THAMARAI STREET EZHIL NAGAR
Line 2	TRICHY 620014
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9075213467
Email	ITSMEMAHA2021@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	BMLPM1590H
Passport Number	
Aadhar Number	274521776198
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	110711457391
Date of Birth	10-11-1982
Age	42
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2004	V R S COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2010	OTHERS - ANNA UNIVERSITY TRICHY	ANNA UNIVERSITY	7.4	FIRST CLASS	

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	PROFESSOR	10-11-2021	13-02-2024	2	3	4
M A M COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	04-07-2007	14-05-2015	7	10	11
ANNAI TERESA COLLEGE OF ENGINEERING	OTHERS - LECTURER	02-06-2004	28-02-2005	0	8	29
DR NAVALAR NEDUNCHEZHIAN COLLEGE OF ENGINEERING	OTHERS - LECTURER	02-03-2005	30-06-2007	2	3	30
Total				13	2	16

V. Industrial Experience :

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


VI. C.O.E. Appointment Experience :



Capacity at which service is extended for the conduct of Examination 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) 5	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	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	OTHERS - ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MS. SUBBULAKSHMI C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	30 MURUGAN NAGAR
Line 2	EDAMALAI PATTI PUDUR
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 8649555959
Email	SUBBULAK1979@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	CVJPS0197M
Passport Number	
Aadhar Number	864955595490
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	06-03-1979
Age	45
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	2000	ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	60.20	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2010	ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	60.40	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	OTHERS - LECTURER	18-01-2001	21-06-2002	1	5	4
SARANATHAN COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	15-12-2008	30-11-2013	4	11	17
THANGAVELU ENGINEERING COLLEGE	OTHERS - LECTURER	08-01-2007	16-06-2007	0	5	9
SHRI ANGALAMMAN COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	06-07-2007	12-12-2008	1	5	7
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-11-2022	13-02-2024	1	3	12
Total				9	6	23

V. Industrial Experience :

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

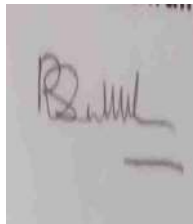
VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of 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	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	OTHERS - ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MS. MEERA SHINE E
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/187 PRIYANGA NAGAR THIRUVERUMBUR THALUK
Line 2	TRICHY -620019
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9942479102
Email	PRINCIPALMAMCE@MAMCE.ORG
Gender	FEMALE
Community	BC
PAN Number	CWCPM2005D
Passport Number	
Aadhar Number	324183370029
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	19-04-1990
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2012	SHIVANI ENGINEERING COLLEGE	ANNA UNIVERSITY	65	FIRST CLASS	
P.G.	M.TECH.	COMPUTER SCIENCE AND ENGINEERING (5 YEAR INTEGRATED)	2014	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST 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
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	21-09-2023	29-01-2024	0	4	9
Total				0	4	11

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of 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	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	OTHERS - ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. HEMALATHA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/1 ,PULIKUTHU STREET,GUGAI
Line 2	SALEM
District	SALEM
Telephone number	-
Mobile number	+91 - 8438676261
Email	PRINCIPALMAMCE@MAMCE.ORG
Gender	FEMALE
Community	BC
PAN Number	ANJPH7336N
Passport Number	
Aadhar Number	299569479350
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	04-09-1984
Age	40
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2006	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2020	THIRUVALLUVAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	72	FIRST CLASS	

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-09-2023	31-01-2024	0	4	26
Total				0	4	28

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :


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



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

Signature of the Faculty :

A handwritten signature in blue ink, appearing to read "Shanku", is positioned to the right of the text "Signature of the Faculty :". The signature is written in a cursive style with a long horizontal stroke at the end.

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	OTHERS - ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MS. POORANI D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 10 LAXMI NAGAR
Line 2	CHANDRA NAGAR MAIN ROAD SRIRANGAM
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9442003761
Email	SEKUR2013@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	BXWPP5309Q
Passport Number	
Aadhar Number	507956010990
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	02-07-1985
Age	39
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2006	OXFORD COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70.00	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2020	M A M COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70.77	FIRST CLASS	

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	06-02-2023	13-02-2024	1	0	8
Total				1	0	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)
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It is certified that all the information provided are true to the best of my knowledge.

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Signature of the Faculty :

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	OTHERS - ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MR. BHARANI PRIYA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	47 PATTABIRAMMAN ST
Line 2	TENNUR
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9894824560
Email	BHARANIPRIYA124@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ATGPB2389I
Passport Number	
Aadhar Number	509592165467
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	01-05-1984
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.	OTHERS - INFORMATION TECH	2006	OTHERS - ANNAUNIVERSITY	ANNA UNIVERSITY	2006	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2022	OTHERS - ANNAUNIVERSITY	ANNA UNIVERSITY	2022	FIRST CLASS	

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

**IV. Academic Experience :
(Start from the Current working Experience) ***

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-05-2023	13-02-2024	0	9	4
Total				0	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)
-------------------	----------------------------	---	---	--

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 'S. Shingya'.

Signature of the Faculty :

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	OTHERS - ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MR. UDHAYAKUMAR S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/9 GOKULAM COLONY RPF ROAD
Line 2	TRICHY 620023
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9488607453
Email	UDHAYAVIP3@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	ACYPU9194R
Passport Number	
Aadhar Number	973581926201
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	111001286618
Date of Birth	15-12-1983
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
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2006	DHANALAKSHMI SRINIVASAN ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	64.5	FIRST CLASS	
P.G.	M.E.	OTHERS - NETWORK ENGINEERING	2011	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	7.2	FIRST CLASS	

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-01-2022	13-02-2024	2	1	4
Total				2	1	4

V. Industrial Experience :

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

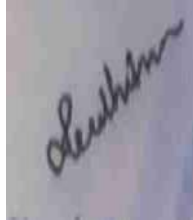
VI. C.O.E. Appointment Experience :

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



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

Signature of the Faculty :



Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	OTHERS - ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MS. VIJAYALAKSHMI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	63 ANNA SALAI
Line 2	DEVAKOTTAI
District	SIVAGANGAI
Telephone number	-
Mobile number	+91 - 9566233513
Email	VIJIVENKATESHPRABHU@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	GIKPR4136K
Passport Number	
Aadhar Number	417524844687
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	04-06-1985
Age	39
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2006	OTHERS - PERIYAR MANIAMMAI COLLEGE OF TECH	ANNA UNIVERSITY	61.0	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2022	MADRAS INSTITUTE OF TECHNOLOGY CHROMPET	ANNA UNIVERSITY	70.0	FIRST CLASS	

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	12-12-2023	31-01-2024	0	1	20
Total				0	1	20

V. Industrial Experience :

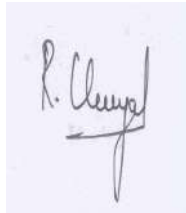
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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.

A handwritten signature in black ink on a light blue background. The signature appears to be 'R. Chugh' with a stylized flourish at the end.

Signature of the Faculty :