





Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	M.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	DR. SHANMUGA PRIYA M
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	NO 23 LAKSHMI NAGAR SRIRANGAM
Line 2	TRICHY
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9443633367
Email	THEDIPRIVI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BQQPS4536N
Passport Number	
Aadhar Number	346798034272
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1401825673
Date of Birth	05-06-1974
Age	50
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	1996	OTHERS - PERIYAR MANIAM MAI COLLEGE OF TECHNOLOGY FOR WOMEN	BHARATHIDASAN UNIVERSITY	65.00	FIRST CLASS	
P.G.	M.E.	COMMUNICATION ENGINEERING	2005	JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	67.00	FIRST CLASS	
PH.D.	PH.D.	INFORMATION SCIENCE AND ENGINEERING	2009	M A M COLLEGE OF ENGINEERING	ANNA UNIVERSITY	68.00		

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

DESIGN AND DEVELOPMENT
MINIATURIZED WIRELESS SENSOR
NETWORK

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
M A M COLLEGE OF ENGINEERING	PROFESSOR	26-06-2000	13-02-2024	23	7	18
MOOKAMBIGAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	26-06-1999	26-12-1999	0	6	1
Total				24	1	20

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
TECHNO SERVICES	ADMIN CO ORD CUM FACULTY	ADMIN AND TECH	10-05-1997	14-05-1999	2	0	5
VIJAY SOFTWARE ENT	MARKETING MANAGER	MARKETING	05-10-1996	10-04-1997	0	6	6
Total					2	6	13

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)
4	7	85	35	6

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


Signature of the Faculty :







Anna University, Chennai
M A M College of Engineering - 8126

Consolidated_Report
13.faculty

Name of the College	8126 - M A M 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. STANLEY KARUNAKARAN W
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	9/1 GOODSHED ROAD KEMPS TOWN
Line 2	TRICHY
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9944562640
Email	KSTANLEY83@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BPDPS8507K
Passport Number	
Aadhar Number	803589122622
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	17449231062
Date of Birth	13-06-1983
Age	41
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2004	JJ COLLEGE OF ENGINEERING AND TECHNOLOGY	BHARATH IDASAN UNIVERSITY	68.14	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2013	PAVENDAR BHARATH IDASAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	74.00	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	24-06-2013	13-02-2024	10	7	20
Total				10	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)
		75	6	

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	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. NALLUSAMY V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	2/3 1 ST FLOOR VAZJA VALAMUDAR COMPLEX , RETTAI VAIKKAL
Line 2	TRICHY
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9916483486
Email	NALLU910@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AGWPN8180G
Passport Number	
Aadhar Number	631890279836
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	12635085333
Date of Birth	19-07-1983
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2004	PAVENDAR BHARATH IDASAN COLLEGE OF ENGINEERING AND TECHNOLOGY	BHARATH IDASAN UNIVERSITY	70.00	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2010	PAVENDAR BHARATH IDASAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	77.46	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
MAGNA COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	16-01-2007	18-11-2013	6	10	3
M A M COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	10-06-2015	13-02-2024	8	8	4
KURINJI COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	03-06-2004	15-01-2007	2	7	13
Total				18	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 Examination 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) 2	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	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MS. WHILMA JOHN
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	P 42 V MAIN ROAD, GNANAM COLONY
Line 2	RAMALINGA NAGAR, TRICHY
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9442871242
Email	WHILMAJOHN18@YAHOO.IN
Gender	FEMALE
Community	BC
PAN Number	ADMPW0541P
Passport Number	
Aadhar Number	285807024630
Faculty code given by C.O.E.	8129062
Faculty code given by A.I.C.T.E.	17377060831
Date of Birth	12-01-1979
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	1999	MOOKAM BIGAI COLLEGE OF ENGINEERING	BHARATH IDASAN UNIVERSITY	76	FIRST CLASS	
P.G.	M.TECH.	OTHERS - APPLIED ELECTRONICS	2011	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	8.4	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
OASYS INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	20-06-2013	25-01-2023	9	7	6
OTHERS - ADHI SANKARAR POLYTECHNIC COLLEGE	OTHERS - LECTURER	10-09-2007	25-05-2013	5	8	16
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	06-02-2023	13-02-2024	1	0	8
Total				16	4	2

V. Industrial Experience :

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


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of 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	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. KRISHNAVENI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 1 1ST FLOOR JB HOUSE
Line 2	RAM NAGAR EXTENSION NOCHIYAM
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9500886616
Email	KRISHNAVENIECE06@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BCXPK7167A
Passport Number	
Aadhar Number	328045347845
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	27-03-1984
Age	40
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2005	KURINJI COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	71.00	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2010	JJ COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	80.20	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
JJ COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	29-07-2005	30-08-2008	3	1	2
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	25-08-2022	13-02-2024	1	5	20
JJ COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2010	31-07-2021	11	1	30
Total				15	8	25

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :

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



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

Signature of the Faculty :



Name of the College	8126 - M A M 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. KUMARESAN N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	567 PERIYAR PURAM SORATHUR
Line 2	THURAIYUR
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9994338923
Email	NKUMARESAN23@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	BYZPK5955N
Passport Number	
Aadhar Number	978889060877
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	18-05-1981
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	2002	JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	69.74	FIRST CLASS	
P.G.	M.E.	OPTICAL COMMUNICATION	2010	ALAGAPPA CHETTIAR GOVERNMENT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	70.60	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
OXFORD COLLEGE OF ENGINEERING	OTHERS - LECTURER	21-06-2007	27-02-2008	0	8	7
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	06-10-2022	13-02-2024	1	4	8
IMAYAM COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-01-2015	30-04-2019	4	3	27
PAVENDAR BHARATHIDASAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	03-01-2013	31-10-2014	1	9	29
ROEVER ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-06-2010	26-12-2012	2	6	25
Total				10	9	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)
		28	6	

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	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. SURESH R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	SOUTH STREET, NOCHIKULAM
Line 2	ALATHUR
District	PERAMBALUR
Telephone number	-
Mobile number	+91 - 9965425242
Email	PRINCIPALMAMCE1@MAMCE.ORG
Gender	MALE
Community	BC
PAN Number	HJPPS9110R
Passport Number	
Aadhar Number	696049487021
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	20-04-1987
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2010	M I E T ENGINEERING COLLEGE	ANNA UNIVERSITY	79	DISTINCTION	
P.G.	M.E.	VLSI DESIGN	2014	V K S COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	79	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 SCHOOL OF ENGINEERING	ASSISTANT PROFESSOR	28-08-2014	02-12-2014	0	3	6
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	28-06-2023	13-02-2024	0	7	16
M A M COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	23-06-2014	27-08-2014	0	2	5
IMAYAM COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	07-06-2010	17-08-2012	2	2	11
ARIYALUR ENGINEERING COLLEGE	ASSISTANT PROFESSOR	07-01-2015	12-12-2019	4	11	6
M N S K COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-01-2020	27-06-2023	3	5	25
Total				11	8	14

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :


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



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



Signature of the Faculty :

Name of the College	8126 - M A M 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. PRAKASH R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	100, WEST ADAIYAVALANJAN STREET
Line 2	SRIRANGAM
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 8610006430
Email	SRGMPRAKASH@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	CBYPP7549A
Passport Number	
Aadhar Number	765384625841
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	14437819268
Date of Birth	29-11-1989
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	PAVENDAR BHARATHIDASAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	6.9	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2014	MOOKAMBIGAI COLLEGE OF ENGINEERING	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	ASSOCIATE PROFESSOR	28-03-2022	13-02-2024	1	10	17
VETRI VINAYAHA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	19-06-2018	05-10-2021	3	3	17
ARULMURUGAN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	06-10-2021	08-03-2022	0	5	3
Total				5	7	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) 18	Central Evaluation (No. of scripts Evaluated) 2	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	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. JAYA RATNAM POPURI E
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	GF 5/37 SEMBAGAM APPT
Line 2	C BLOCK KARUMANDAPAM
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 8220879219
Email	JAYARATNAMPOPURI84@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	CCNPP9294E
Passport Number	
Aadhar Number	258724078284
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	01-07-1984
Age	40
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	OTHERS - ELECTRONICS AND COMMUNICATION ENGINEERING	2005	OTHERS - NALANDA INT OF TECH	OTHERS - JNTU	67	FIRST CLASS	
P.G.	M.TECH.	OTHERS - EMBEDDED SYSTEMS	2009	OTHERS - TRRCE	OTHERS - JNTU	77	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 A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-08-2022	13-02-2024	1	6	13
OTHERS - SEREC	ASSOCIATE PROFESSOR	01-07-2015	30-04-2016	0	9	31
OTHERS - TRR COLLEGE OF ENGG	ASSISTANT PROFESSOR	01-07-2005	31-10-2007	2	3	31
OTHERS - TRR COLLEGE OF ENGG	ASSISTANT PROFESSOR	01-01-2010	12-12-2012	2	11	12
Total				7	7	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)
		35	6	

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	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MRS. GAJALAKSHMI V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/31 A,EAST STREET,SIRUMARUTHUR, VALADI,LALGUDI
Line 2	TRICHY-621218
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 8608222803
Email	PRINCIPALMAMCE@MAMCE.ORG
Gender	FEMALE
Community	SC
PAN Number	BKZPG4292F
Passport Number	
Aadhar Number	211884634487
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	26-10-1994
Age	30
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2016	SRM TRP ENGINEERING COLLEGE	ANNA UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2018	M A M COLLEGE OF ENGINEERING AND TECHNOLOGY	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
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	25-08-2023	27-01-2024	0	5	3
Total				0	5	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 :

Name of the College	8126 - M A M 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. DHARANI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	PLOT NO 4,BHARATHI GARDEN,NEAR RICE MILL ,CHIKAMALAI PATTI
Line 2	TRICHY-620021
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 8220931406
Email	PRINCIPALMAMCE@MAMCE.ORG
Gender	FEMALE
Community	BC
PAN Number	BTMPD5473A
Passport Number	
Aadhar Number	595443256189
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	03-06-1989
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2010	PAVENDAR BHARATHI DASAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	77	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN AND EMBEDDED SYSTEMS	2013	M I E T ENGINEERING COLLEGE	ANNA UNIVERSITY	84	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	31-07-2023	27-01-2024	0	5	28
CHENDHURAN COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	11-12-2010	29-07-2011	0	7	19
CHENDHURAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	07-06-2013	03-11-2014	1	4	27
Total				2	6	17

V. Industrial Experience :

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


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



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



Signature of the Faculty :

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	M.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MS. DHIVYA N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	3/1104 BHARATHIDASAN STREET BURMA COLONY
Line 2	TRICHY 620019
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 8344850676
Email	DHIVYAN1991@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CGBPD9932M
Passport Number	
Aadhar Number	481780011412
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	06-03-1991
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2012	OTHERS - PRCET	ANNA UNIVERSITY	78.20	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2014	M I E T ENGINEERING COLLEGE	ANNA UNIVERSITY	75.3	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	28-03-2022	13-02-2024	1	10	17
Total				1	10	22

V. Industrial Experience :

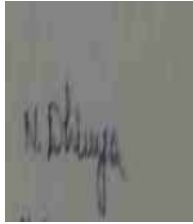
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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)
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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 dark ink on a light-colored background. The signature is cursive and appears to be 'U. Shyga'.

Name of the College	8126 - M A M COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	M.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. RAMYA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	132 3RD NORTH STREET
Line 2	POOLANGUDICOLONY HAPP PO
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9944241492
Email	RAMYAPECE2013@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	DXJPR2328B
Passport Number	
Aadhar Number	954708492490
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	04-06-1991
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2013	ANJALAI AMMAL MAHALIN GAM ENGINEERING COLLEGE	ANNA UNIVERSITY	71.00	FIRST CLASS	
P.G.	M.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2016	AGNI COLLEGE OF TECHNOLOGY	ANNA UNIVERSITY	79.00	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	26-08-2022	13-02-2024	1	5	19
Total				1	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)
		25	2	

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	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MS. CHAMUNDESWARI J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/73 ANTONI CHURCH STREET
Line 2	NATHAMADIPATTI
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9025989747
Email	ABICHAMU2011@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	AYDPC7019F
Passport Number	
Aadhar Number	353310622736
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	19-02-1982
Age	42
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2004	OTHERS - SASTRA	OTHERS - SASTRA	64.65	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2012	MOUNT ZION COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	67.70	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
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-08-2022	13-02-2024	1	6	13
Total				1	6	16

V. Industrial Experience :

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

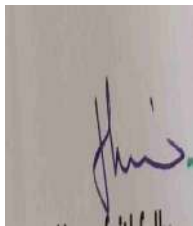
VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of 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	

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	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. ARUNPRABHU R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	307 MARIAMMAN KOVIL STREET
Line 2	MURUGUR THURAIYUR
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9791772229
Email	ARUNPRABHU5611@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BQHPA5811L
Passport Number	
Aadhar Number	274141061356
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	23-02-1988
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	ANNA MATHAMMAL SHEELA ENGINEERING COLLEGE	ANNA UNIVERSITY	66.00	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2014	JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	73.40	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
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	09-10-2023	20-01-2024	0	3	12
Total				0	3	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 rectangular box containing a handwritten signature in blue ink. The signature appears to be "R. S. Srinivasan".

Name of the College	8126 - M A M 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	MS. PRAVEENA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	IE NORTH INDRA NAGAR THIRUVERUMBUR
Line 2	TRICHY
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 7339119146
Email	PRAVEENAECE1012@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DWAPP9072E
Passport Number	
Aadhar Number	794777967727
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	14558088926
Date of Birth	24-07-1995
Age	29
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2016	K RAMAKRISHNAN COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	7.70	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2018	K RAMAKRISHNAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	8.8	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-11-2019	13-02-2024	4	3	10
Total				4	3	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) 5	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**

Name of the College	8126 - M A M 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	MS. VIMALA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/104 WEST STREET
Line 2	KUNNAM
District	PERAMBALUR
Telephone number	-
Mobile number	+91 - 9360517267
Email	VIMALA1234@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ANCPV5928M
Passport Number	
Aadhar Number	207989118374
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	11-04-1992
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2013	SRINIVASAN ENGINEERING COLLEGE	ANNA UNIVERSITY	72.0	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2015	M I E T ENGINEERING COLLEGE	ANNA UNIVERSITY	74.0	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	06-05-2022	13-02-2024	1	9	8
Total				1	9	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)
		12	5	

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

A rectangular box containing a handwritten signature in black ink on a light-colored, textured background. The signature appears to be "P. Vimala".

Signature of the Faculty :

Name of the College	8126 - M A M 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	MR. SOLAIRAJ S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	31/5 NORTH AMMAPETTAI
Line 2	TRICHY
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9790216287
Email	SOLAIRAJ.24@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	HPEPS9066G
Passport Number	
Aadhar Number	319944231402
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	14-06-1987
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2008	KURINJI COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	71.0	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2014	SHIVANI ENGINEERING COLLEGE	ANNA UNIVERSITY	7.3	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	25-04-2022	13-02-2024	1	9	19
Total				1	9	23

V. Industrial Experience :

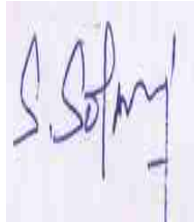
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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.

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

Signature of the Faculty :

Name of the College	8126 - M A M 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	MS. GAYATHRI N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	23/11 SARANGAPANI EAST MADAVILAGAM KUMBAKONAM
Line 2	KUMBAKONAM
District	THANJAVUR
Telephone number	-
Mobile number	+91 - 9042020537
Email	GAYATHRINATARAJAN3@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BKHPG7937C
Passport Number	
Aadhar Number	909916023413
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	17439965721
Date of Birth	16-10-1992
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2014	AS-SALAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	75.8	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2016	ARASU ENGINEERING COLLEGE	ANNA UNIVERSITY	84.7	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
AS-SALAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	20-11-2017	12-06-2019	1	6	23
M A M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	13-06-2019	13-02-2024	4	8	1
Total				6	2	26

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :


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



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

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 'N. S. S.', is located within a rectangular box. The signature is somewhat faint and difficult to read.

Name of the College	8126 - M A M 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	MS. SHALINI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	29A EAST STREET
Line 2	KOOTHAIPPAR
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9698239001
Email	SHALINISUBU95@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	MZKPS2631A
Passport Number	
Aadhar Number	661051241570
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	04-05-1995
Age	29
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2016	K RAMAKRISHNAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	79.80	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2018	K RAMAKRISHNAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	86.50	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	12-12-2022	13-02-2024	1	2	2
Total				1	2	3

V. Industrial Experience :

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

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