
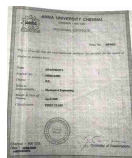



Name of the College	9523 - PSN ENGINEERING COLLEGE
Name of the Department	AUTOMOBILE ENGINEERING
Name of the Degree & Course	B.E.-AUTOMOBILE ENGINEERING
Name of the faculty member	MR. ANANTHAN L
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/16 C THANGAMMAN KOIL STREET,
Line 2	ANDIPATTI, ALANGULAM TALUK, PINCODE - 627851
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9786121664
Email	ANANTHANMECH02@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AMZPA8676P
Passport Number	
Aadhar Number	327599273657
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9321784181
Date of Birth	09-05-1987
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	2009	SARDAR RAJA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	2009	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2014	SARDAR RAJA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	2014	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
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	19-12-2019	17-02-2023	3	1	30
Total				3	1	0

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :

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

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

A handwritten signature in black ink, appearing to be 'Lm', enclosed within a light gray rectangular box.

Signature of the Faculty : 