




Name of the College	9523 - PSN ENGINEERING COLLEGE
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. MOHANRAJ S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	EAST STREET
Line 2	RETTANAI POST, THINDIVANAM
District	VILLUPURAM
Telephone number	-
Mobile number	+91 - 9842144405
Email	BHARATH_RAJ07@YAHOO.CO.IN
Gender	MALE
Community	BC
PAN Number	AMJPM4065G
Passport Number	
Aadhar Number	721861385986
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1435416091
Date of Birth	26-11-1983
Age	40
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2005	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2007	OTHERS - VMRF UNIVERSITY	OTHERS - VMRF UNIVERSITY	80	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

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

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	22-05-2009	01-07-2020	11	1	11
PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	13-08-2007	21-05-2009	1	9	9
PSN ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	02-07-2020	10-02-2023	2	7	9
Total				15	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)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :