

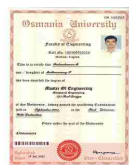



Name of the College	9523 - PSN ENGINEERING COLLEGE
Name of the Department	AUTOMOBILE ENGINEERING
Name of the Degree & Course	B.E.-AUTOMOBILE ENGINEERING
Name of the faculty member	DR. PADMAKUMAR M
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	C10 PREMIER GRIHALAKSHMI APPRTMENTS
Line 2	560015
District	OTHERS - BENGALURU
Telephone number	-
Mobile number	+91 - 9344523938
Email	MPADMAKUMAR86@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AQBPM8141R
Passport Number	
Aadhar Number	712181820378
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	01-07-1986
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	2007	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	8.2	FIRST CLASS	
P.G.	M.E.	OTHERS - TOOL DESIGN	2011	OTHERS - OSMANIYA UNIVERSITY	OTHERS - OSMANIYA UNIVERSITY	7.9	FIRST CLASS	
PH.D.	PH.D.	OTHERS - PHILOSOPHY	2019	OTHERS - HINDUSTAN	OTHERS - HINDUSTAN	8.1		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

EXPERIMENTAL STUDY ON PERFORMANCE EVALUATION AND EFFECT OF COBALT IN CRYOGENIC TREATED CEMENTED CARBIDE TOOL MATERIAL

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
PSN ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	27-01-2020	07-06-2022	2	4	12
Total				2	4	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 :

