




Name of the College	9523 - PSN ENGINEERING COLLEGE
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. PITCHAI AH S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/244, SOUTH CAR STREET
Line 2	KADAYAM,627415
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9952782900
Email	PITCHIAH SUBU@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DUDPS3665B
Passport Number	
Aadhar Number	963822602031
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9523228
Date of Birth	14-04-1985
Age	38
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	2006	SCAD COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	70	SECOND CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2011	ANAND INSTITUTE OF HIGHER TECHNOLOGY	ANNA 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
PSN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	18-06-2019	05-03-2023	3	8	18
A R COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	03-06-2013	24-05-2019	5	11	22
Total				9	8	14

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
PROPHOENIX	PROGRAMMER	DATABASE	05-07-2012	31-05-2013	0	10	27
Total					0	10	1

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) 5	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 :