



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. SHAMMAH STEVENS
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	ANNA NAGAR
Line 2	CHENNAI
District	CHENNAI
Telephone number	-
Mobile number	+91 - 8610100001
Email	SHAMMAHSTEVENS@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	QQTPS2890M
Passport Number	
Aadhar Number	525767371212
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	18-04-1996
Age	27
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.	AUTOMOBILE ENGINEERING (SS)	2020	OTHERS - NOORUL ISLAM CENTRE FOR HIGHER EDUCATION	OTHERS - NOORUL ISLAM CENTRE FOR HIGHER EDUCATION	7.44	FIRST CLASS	
P.G.	M.E.	AUTOMOBILE ENGINEERING	2022	OTHERS - NOORUL ISLAM CENTRE FOR HIGHER EDUCATION	OTHERS - NOORUL ISLAM CENTRE FOR HIGHER EDUCATION	.9.18	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	01-02-2023	21-02-2023	0	0	21
Total				0	0	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)
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It is certified that all the information provided are true to the best of my knowledge.

A small, square image showing a handwritten signature in blue ink on a piece of lined paper. The signature is somewhat faint and appears to be a stylized name or set of initials.

Signature of the Faculty :