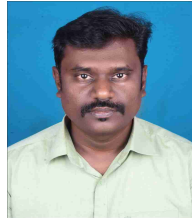




Name of the College	9523 - PSN ENGINEERING COLLEGE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL AND AUTOMATION ENGINEERING
Name of the faculty member	MR. ASHOK KUMAR I
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/25/38 MARIAMMAL ILLAM, RAJIVE NAGAR
Line 2	ARUPPUKOTTAI-626101
District	VIRUDHUNAGAR
Telephone number	-
Mobile number	+91 - 9486278280
Email	PRICIPALPSNEC@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ATGPA0787M
Passport Number	
Aadhar Number	641424139856
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	15-06-1987
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	SRI RAMAKRISHNA INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	66	FIRST CLASS	
P.G.	M.E.	COMPUTER AIDED DESIGN	2014	ANNA UNIVERSITY REGIONAL CAMPUS, TIRUNELVELI	ANNA UNIVERSITY	7.21	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	10-01-2023	04-03-2023	0	1	26
Total				0	1	26

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 'Ankur K.', is written over a light gray rectangular background.

Signature of the Faculty :