





Name of the College	9523 - PSN ENGINEERING COLLEGE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. JENARIS DS
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	10F-7,SERVITE CONVENT STREET,PUNNAINAGER
Line 2	NAGERCOIL
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9442761028
Email	DSJENARIS27@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ANFPJ1955K
Passport Number	
Aadhar Number	718167400994
Faculty code given by C.O.E.	9523119
Faculty code given by A.I.C.T.E.	12961416907
Date of Birth	15-07-1972
Age	51
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	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	64	SECOND CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2009	C S I INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	73	FIRST CLASS	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2019	OTHERS - ST PETERS INSTITUTE OF HIGHER EDUCATION AND RESEARCH	OTHERS - ST PETERS INSTITUTE OF HIGHER EDUCATION AND RESEARCH	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

EXPERIMENTAL STUDY OF EFFECT OF GROUPING TECHNIQUES AND METHODS IN A DOMESTIC AUTOMATION FLOW

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
PONJESLY COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	06-09-2010	31-10-2015	5	1	25
PSN ENGINEERING COLLEGE	PROFESSOR	02-11-2015	10-02-2023	7	3	9
VINS CHRISTIAN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2009	03-09-2010	1	3	3
Total				13	8	10

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) 20	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 :