Name of the College	9523 - PSN ENGINEERING COLLEGE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. PARAMASIVAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	42 VETHAKOVIL NORTH STREET
Line 2	T N PUTHUKUDI
District	TENKASI
Telephone number	-
Mobile number	+91 - 8667293509
Email	PRICIPALPSNEC@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	CKEPP2622P
Passport Number	
Aadhar Number	790192662506
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	25-05-1995
Age	28
I. Particulars of Educational Qualification : (only co	mpleted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2016	S VEERASA MY CHETTIAR COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.5	FIRST CLASS	AND HEIDERS OF THE STATE OF THE
P.G.	M.E.	THERMAL ENGINEE RING	2021	R. V. S COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	8.9	FIRST CLASS	ANALYST STATE MINISTER AND ANALYST STATE MINISTER AND ANALYST STATE MINISTER ANALYST STATE MINISTE

^{*} 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		
Name of the Conege				Years	Months	Days
PSN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-01-2023	12-02-2023	0	1	9
Total					1	9

V. Industrial Experience :

Name of the	ne Designation	Nature of	Joining Date	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date			Months	Days

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Exmination during the last year

AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty: