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. VIJAYA GANESA VELAN M						
Regular Or Adjunct	Regular						
Image							
Present Designation	ASSISTANT PROFESSOR						
Residential Address Line 1	B2 RAAGHAR ENCLAVE						
Line 2	PILLAIYAR KOVIL STREET, SS COLONY-625016						
District	MADURAI						
Telephone number	-						
Mobile number	+91 - 9600892665						
Email	PRICIPALPSNEC@GMAIL.COM						
Gender	MALE						
Community	MBC						
PAN Number	ANPPV6034M						
Passport Number							
Aadhar Number	750435775493						
Faculty code given by C.O.E.							
Faculty code given by A.I.C.T.E.	AU1						
Date of Birth	24-02-1991						
Age	32						
I. Particulars of Educational Qualification : (only completed)							

Category	Name of the Degree	Specializ ation	Year of Passing	Name o the College	t tl	ne of ne versit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Clas obtain		ificat e		
U.G.	B.E.	MECHANI CAL ENGINEE RING	2012	THIAGAF AJAR COLLEGI OF ENGINEI RING (AUTONO MOUS)	E ANNA UNIV TY	A 'ERSI	83.6	DISTIN ION	CT			
P.G.	M.E.	ENGINEE RING DESIGN	2015	OTHERS SVS SCHOOL OF ENGINN ERING	ANNA UNIV TV	A 'ERSI	76.6	FIRST CLASS	MANDER OF PROPERTY AND PROPERTY MANAGEMENT			
* Upload Sc	* Upload Scanned copy of Original Degree Certificate.											
I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score : File :												
II. Title of	II. Title of Ph.D. Thesis											
III. Faculty	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			
		Desig							Months	Days		
		ASSISTA PROFESS	SISTANT OFESSOR		30-01-2020		10-02-2023		0	12		
							Total	3	0	12		
V. Industri	al Experien	ce :										
Name of the Designati		ation	on Nature of Joining		a Data	Roli	eving Date	E	Experience			
Organisat	ion	Work		Joining Date				Years	Months	Days		
	Appointmen t which serv			e conduc	t of Exm	inatio	n durina tl	ne last v	ear			
AUR (No. of days)	Squa Memb (No. of d	d Ex er	External Examiner (Practical) (No.				uation ripts	Re-Evaluation (No. of scripts Evaluated)				

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



Signature of the Faculty :