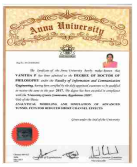
Anna University, Chennai
V V College of Engineering - 9534

Consolidated_Report

13.faculty

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	M.E.-APPLIED ELECTRONICS
Name of the faculty member	DR. VANITHA P
Regular Or Adjunct	Regular
Image	
Present Designation	PRINCIPAL
Residential Address Line 1	ARUMUGANERI
Line 2	TTHOOTHUKUDI
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9677593366
Email	VANITHAP@VVCOE.ORG
Gender	FEMALE
Community	MBC
PAN Number	AFVPV6405N
Passport Number	
Aadhar Number	912581433789
Faculty code given by C.O.E.	9534234
Faculty code given by A.I.C.T.E.	4557109934
Date of Birth	01-04-1974
Age	50
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	1998	R V S COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	71.8	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2008	OTHERS - SATHIYABAMA UNIVERSITY	OTHERS - SATHIYABAMA UNIVERSITY	78	DISTINCTION	
PH.D.	PH.D.	OTHERS - INFORMATION AND COMMUNICATION ENGINEERING	2017	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	ANALYTICAL MODELING AND SIMULATION OF ADVANCED TUNNEL FETS FOR REDUCED SHORT CHANNEL EFFECTS
III. Faculty in which Ph.D. was awarded	FACULTY OF INFORMATION AND COMMUNICATION 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
SETHU INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	28-05-2009	30-06-2010	1	1	4
SETHU INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ASSOCIATE PROFESSOR	19-11-2014	31-07-2018	3	8	12
N P R COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSOCIATE PROFESSOR	15-06-2011	24-02-2012	0	8	10
ST MOTHER THERESA ENGINEERING COLLEGE	PROFESSOR	09-08-2018	31-03-2019	0	7	23
SACS M A V M M ENGINEERING COLLEGE	OTHERS - LECTURER	08-09-2004	31-05-2006	1	8	23
V V COLLEGE OF ENGINEERING	PROFESSOR	07-12-2022	04-04-2024	1	3	29
ANJALAI AMMAL MAHALINGAM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	06-06-2012	31-07-2012	0	1	25
V V COLLEGE OF ENGINEERING	PRINCIPAL	05-04-2024	12-06-2024	0	2	8
OTHERS - SRM INSTITUTE OF SCIENCE AND TECHNOLOGY	PROFESSOR	05-04-2019	30-11-2022	3	7	26
R V S COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	OTHERS - LECTURER	04-08-1998	12-06-2004	5	10	9
SACS M A V M M ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	03-09-2012	17-11-2014	2	2	15
SETHU INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ASSOCIATE PROFESSOR	01-07-2010	31-05-2011	0	10	31
SACS M A V M M ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2008	21-05-2009	0	11	21
SACS M A V M M ENGINEERING COLLEGE	OTHERS - SENIOR LECTURER	01-06-2006	31-05-2008	1	11	30
			Total	25	1	0

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	DR. MUTHULAKSHMI I
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	2 VINAYAGAR STREET, NGO A COLONY
Line 2	TIRUNELVELI 627007
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9486957712
Email	MUTHULAKSHMI@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	ASAPM2267K
Passport Number	
Aadhar Number	732210655358
Faculty code given by C.O.E.	9534045
Faculty code given by A.I.C.T.E.	476480641
Date of Birth	20-05-1968
Age	56
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	1989	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	MADURAI KAMARAJ UNIVERSITY	60	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2004	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARNAR UNIVERSITY	74	FIRST CLASS	
PH.D.	PH.D.	COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARNAR UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	INPAINTING TECHNIQUES TO DETECT AND IMPOUND DISTORTED DIGITAL IMAGES
III. Faculty in which Ph.D. was awarded	OTHERS
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
OTHERS - SCK COLLEGE	PROFESSOR	18-10-1994	08-08-2005	10	9	22
PET ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-08-2005	05-06-2008	2	9	27
FRANCIS XAVIER ENGINEERING COLLEGE (AUTONOMOUS)	PROFESSOR	06-06-2008	27-05-2010	1	11	22
V V COLLEGE OF ENGINEERING	PROFESSOR	02-06-2010	07-06-2024	14	0	6
OTHERS - ST JOHNS COLLEGE	OTHERS - LECTURER	01-10-1991	31-05-1994	2	7	31
			Total	32	3	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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. PADMANABHAN P
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	3, BABUJI NAGAR
Line 2	TIRUNELVELI 627001
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9442030495
Email	PADMANABHAN@VVCOE.ORG
Gender	MALE
Community	OC
PAN Number	AKFPP3621F
Passport Number	
Aadhar Number	484018077008
Faculty code given by C.O.E.	9534029
Faculty code given by A.I.C.T.E.	1540072173
Date of Birth	24-03-1970
Age	54
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	1994	R V S COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	66.64	FIRST CLASS	
P.G.	M.E.	OTHERS - MANUFACTURING TECHNOLOGY	1997	OTHERS - REGIONAL COLLEGE OF ENGINEERING	BHARATHIDASAN UNIVERSITY	73.40	FIRST CLASS	
PH.D.	PH.D.	OTHERS - MECHANICAL ENGINEERING	2009	NATIONAL INSTITUTE OF TECHNOLOGY,TIRUCHIRAPPALLI	ANNA UNIVERSITY	Y		

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	STUDIES ON AIR BENDING PROCESS USING INTERSTITIAL FREE STEEL SHEET
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
BHARATH NIKETAN ENGINEERING COLLEGE	PROFESSOR	30-05-2009	16-04-2012	2	10	18
R V S COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	24-08-1994	29-05-2009	14	9	6
VPV COLLEGE OF ENGINEERING	PROFESSOR	17-04-2012	17-11-2012	0	7	1
V V COLLEGE OF ENGINEERING	PROFESSOR	02-01-2013	12-06-2024	11	5	11
			Total	29	8	11

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	DR. MORRIS C
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	51A/15 3RD STREET
Line 2	MASILAMANI NAGAR 627005
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9486760550
Email	MORRIS@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	AMBPC7363B
Passport Number	
Aadhar Number	209237782228
Faculty code given by C.O.E.	9534218
Faculty code given by A.I.C.T.E.	7464275779
Date of Birth	02-06-1974
Age	50
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2007	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	60	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2011	OTHERS - ANNA UIVERSITY	ANNA UNIVERSITY	6.2	FIRST CLASS	
PH.D.	PH.D.	APPLIED ELECTRONICS	2017	OTHERS - M S UNIVERSITY	MANOMANIAM SUNDARNAR UNIVERSITY	YES		

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	PERFORMANCE IMPROVEMENT OF SPATIAL AND TRANSFORM DOMAIN
III. Faculty in which Ph.D. was awarded	OTHERS
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
V V COLLEGE OF ENGINEERING	PROFESSOR	11-01-2023	13-06-2024	1	5	3
OTHERS - SHM ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-05-2016	30-07-2022	6	2	26
JOE SURESH ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-06-2011	28-02-2013	1	8	27
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-09-2022	10-01-2023	0	4	10
OTHERS - M S UNIVERSITY	OTHERS - RESEARCH SCHOLAR	01-03-2013	30-04-2016	3	1	31
			Total	12	11	12

V. Industrial Experience :

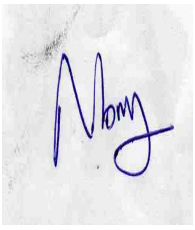
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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)

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

Signature of the Faculty :



Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	DR. MOHAMED FAIZAL A A
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	48, KAJANAYAGAM STREET, MELAPALAYAM
Line 2	TIRUNELVELI 627005
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9442147147
Email	AAMDFIZAL@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	AIGPM7802G
Passport Number	S4967515
Aadhar Number	992372564559
Faculty code given by C.O.E.	9518209
Faculty code given by A.I.C.T.E.	17498989067
Date of Birth	05-11-1974
Age	50
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	1998	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	MANOMANIAM SUNDARNAR UNIVERSITY	69.1	FIRST CLASS	
P.G.	M.E.	POWER SYSTEMS ENGINEERING	2004	OTHERS - CRESCENT ENGINEERING COLLEGE CHENNAI	ANNA UNIVERSITY	72	FIRST CLASS	
PH.D.	PH.D.	ELECTRICAL AND ELECTRONICS ENGINEERING	2017	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	Y		

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	STUDY AND PERFORMANCE ANALYSIS OF SOFT STARTING OF INDUCTION MOTOR USING INTELLIGENT TECHNIQUES
III. Faculty in which Ph.D. was awarded	FACULTY OF ELECTRICAL 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
G K M COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - SENIOR LECTURER	23-06-2004	30-07-2004	0	1	7
NELLAI COLLEGE OF ENGINEERING	PRINCIPAL	20-02-2019	08-02-2022	2	11	17
OTHERS - ILAHIA SCHOOL OF SCIENCE AND TECHNOLOGY	PRINCIPAL	17-07-2017	31-07-2018	1	0	15
NELLAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	15-09-2004	31-03-2010	5	6	16
G K M COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	09-06-1999	22-06-2004	5	0	14
NELLAI COLLEGE OF ENGINEERING	OTHERS - PROFESSOR AND HOD	07-04-2017	15-07-2017	0	3	9
OTHERS - ILAHIA COLLEGE OF ENGINEERING AND TECHNOLOGY	PROFESSOR	06-08-2018	18-02-2019	0	6	13
NELLAI COLLEGE OF ENGINEERING	OTHERS - SENIOR LECTURER	02-08-2004	14-09-2004	0	1	13
V V COLLEGE OF ENGINEERING	PROFESSOR	01-08-2022	07-06-2024	1	10	7
NELLAI COLLEGE OF ENGINEERING	OTHERS - ASSOCIATE PROFESSOR AND HOD	01-07-2010	06-04-2017	6	9	6
OTHERS - E V P ENGINEERING COLLEGE CHENNAI	OTHERS - LECTURER	01-06-1998	31-05-1999	0	11	30
NELLAI COLLEGE OF ENGINEERING	OTHERS - ASSISTANT PROFESSOR AND HOD	01-04-2010	30-06-2010	0	2	30
			Total	25	5	2

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	DR. SURESH G
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	104 THIRIPURA SUNDARI AMMAN KOIL ST
Line 2	TIRUNELVELI 627004
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9486556485
Email	SURESH@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	BZCPS2450L
Passport Number	
Aadhar Number	576240028842
Faculty code given by C.O.E.	9534009
Faculty code given by A.I.C.T.E.	715190772
Date of Birth	12-06-1984
Age	40
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.SC.	OTHERS - MATHS	2004	OTHERS - ST XVIERS COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	66	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - STATISTICS	2007	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARNAR UNIVERSITY	72	FIRST CLASS	
P.G.	M.SC.	OTHERS - STATISTICS	2006	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARNAR UNIVERSITY	84	DISTINCTION	
PH.D.	PH.D.	OTHERS - STATISTICS	2015	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARNAR UNIVERSITY	Y		

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	STOCHASTIC MODELING IN BIOINFORMATICS
III. Faculty in which Ph.D. was awarded	OTHERS
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
OTHERS - MS UNIVERSITY	OTHERS - LECTURER	20-08-2007	30-04-2011	3	8	12
V V COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	02-05-2011	12-06-2024	13	1	11
			Total	16	9	27

V. Industrial Experience :

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

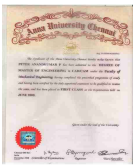
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. PETER ANANDKUMAR P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	9/23 ANNA NAGAR FIRST STREET
Line 2	ALANKULAM 627851
District	TENKASI
Telephone number	-
Mobile number	+91 - 9442002400
Email	PETER@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	BNXPP0193A
Passport Number	
Aadhar Number	967402447484
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	05-06-1980
Age	42
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	2003	OTHERS - THE INDIAN ENGINEERING COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	64.7	SECOND CLASS	
P.G.	M.E.	CAD/CAM	2008	MEPCO SCHLENK ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	74.3	FIRST CLASS	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2017	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	HEURISTIC ALGORITHMS TO IMPROVE PRECISION OF ASSEMBLIES THROUGH IVE ASSEMBLY
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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-05-2011	25-07-2019	8	1	30
OTHERS - HINDUSTAN UNIVERSITY	ASSISTANT PROFESSOR	19-06-2008	05-05-2009	0	10	17
V V COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	10-01-2022	19-01-2022	0	0	10
J P COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-06-2009	26-05-2011	1	11	24
OTHERS - KOTTAYAM INSTITUTE OF TECHNOLOGY AND SCIENE	PROFESSOR	02-08-2019	17-12-2021	2	4	16
			Total	13	5	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 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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. JULIE ANTONY ROSELIN J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	35-27A THACTHER STREET
Line 2	SATANKULAM 628704
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9095160258
Email	JULIE@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	ARSPJ6090N
Passport Number	
Aadhar Number	627196370747
Faculty code given by C.O.E.	9534119
Faculty code given by A.I.C.T.E.	2280271852
Date of Birth	16-10-1975
Age	49
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	1997	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	MANOMANIAM SUNDARNAR UNIVERSITY	71.6	FIRST CLASS	
P.G.	M.E.	OTHERS - COMPUTER AND COMMUNICATION ENGG	2012	THE KAVERY ENGINEERING COLLEGE	ANNA UNIVERSITY	8.7	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
GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	OTHERS - PARTTIME LECTURER	24-07-1998	12-04-2002	3	8	20
THE KAVERY ENGINEERING COLLEGE	ASSISTANT PROFESSOR	16-07-2012	07-06-2013	0	10	23
NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	OTHERS - LECTURER	08-12-2003	08-06-2007	3	6	1
V V COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	02-06-2014	07-06-2024	10	0	6
THE KAVERY ENGINEERING COLLEGE	OTHERS - LECTURER	01-08-2008	31-08-2010	2	0	31
			Total	20	2	23

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	DR. SARAVANAN J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	2/68 NALLAMMAL PURAM STREET
Line 2	IDACHIVILAI 628656
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9942956445
Email	SARAVANANJ@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	GMWPS0838E
Passport Number	
Aadhar Number	397482327184
Faculty code given by C.O.E.	9534137
Faculty code given by A.I.C.T.E.	2280271827
Date of Birth	21-11-1985
Age	39
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.A.	ENGLISH	2006	OTHERS - ADITANAR COLLEGE FOR ARTS AND SCIENCE	MANOMANIAM SUNDARNAR UNIVERSITY	51	SECOND CLASS	
P.G.	OTHERS - MA	OTHERS - ENGLISH	2008	OTHERS - KONGUNADU ARTS AND SCIENCE COLLEGE	BHARATHIYAR UNIVERSITY	69	FIRST CLASS	
PH.D.	PH.D.	OTHERS - ENGLISH	2014	OTHERS - BHARATHIAR UNIVERSITY	BHARATHIYAR UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	A LINGUSTIC ANALYSIS ON THE USE OF ENGLISH PREPOSITIONS AMONGTHE COLLEGE STUDENTS OF COIMBATORE
III. Faculty in which Ph.D. was awarded	FACULTY OF SCIENCE AND HUMANITIES
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
SNS COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	24-07-2013	21-05-2014	0	9	29
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-06-2014	07-06-2024	10	0	6
			Total	10	10	9

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. KHAJA MUEEUDEEN T A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	81/30A PERIYA KOTHBA PALLI SOUTH WEST STREET
Line 2	MELAPALAYAM TIRUNELVELI
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9585465676
Email	KHAJA@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	BWQPK2845A
Passport Number	J2722014
Aadhar Number	473526638500
Faculty code given by C.O.E.	9534062
Faculty code given by A.I.C.T.E.	1401554710
Date of Birth	19-07-1982
Age	42
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.	CIVIL ENGINEERING	2004	RAJAS ENGINEERING COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	66.55	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2007	OTHERS - VINAYAKA MISSION	OTHERS - VINAYAKA MISSION	80.33	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
NELLAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	15-06-2009	22-09-2011	2	3	8
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	09-01-2012	07-06-2024	12	4	30
OTHERS - SANKAR PLOYTECHNIC COLLEGE	OTHERS - LECTURER	01-07-2004	30-04-2005	0	9	31
			Total	15	6	12

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	DR. SUMILDA MERLIN G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	125 RAJEV NAGAR UDANKUDI
Line 2	THISAYANVILAI TIRUNELVELI 627657
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 7598222085
Email	AGSUMILDAMERLIN@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	FZIPS1809H
Passport Number	
Aadhar Number	697065977131
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	12294294813
Date of Birth	14-07-1989
Age	35
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.	COMPUTER SCIENCE AND ENGINEERING	2010	PET ENGINEERING COLLEGE	ANNA UNIVERSITY	7.6	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.35	FIRST CLASS	
PH.D.	PH.D.	COMPUTER SCIENCE AND ENGINEERING	2020	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	INTELLIGENT POST TSUNAMI DAMAGE ASSESSMENT AND MONITORING OF RECONSTRUCTION IN NAGAPATTINAM AREA
III. Faculty in which Ph.D. was awarded	FACULTY OF INFORMATION AND COMMUNICATION 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
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	OTHERS - JUNIOR RESEARCH FELLOW	31-12-2013	31-12-2014	1	0	1
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	12-12-2022	07-06-2024	1	5	27
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	OTHERS - RESEARCH AND TEACHING ASSISTANT	05-01-2015	31-05-2020	5	4	27
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-03-2022	03-12-2022	0	9	3
			Total	8	7	2

V. Industrial Experience :

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

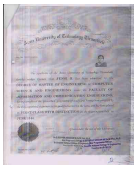
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	DR. JENSI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	1/135, SOUTH STREET, VEERAMANICKAM,
Line 2	TUTICORIN - 628212
District	THOOTHUKUDI
Telephone number	04639 - 235224
Mobile number	+91 - 9865533668
Email	R_JENSI@YAHOO.CO.IN
Gender	FEMALE
Community	BC
PAN Number	AHHPJ3393B
Passport Number	
Aadhar Number	235262708577
Faculty code given by C.O.E.	9534245
Faculty code given by A.I.C.T.E.	1500893079
Date of Birth	01-06-1982
Age	42
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.	COMPUTER SCIENCE AND ENGINEERING	2003	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	MANOMANIAM SUNDARNAR UNIVERSITY	74.95	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2010	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	85	DISTINCTION	
PH.D.	PH.D.	COMPUTER SCIENCE AND ENGINEERING	2018	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	MANOMANIAM SUNDARNAR UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	IMPROVED OPTIMIZATION ALGORITHMS FOR NUMERICAL FUNCTION OPTIMIZATION AND THEIR APPLICATION TO DATA CLUSTERING
III. Faculty in which Ph.D. was awarded	FACULTY OF INFORMATION AND COMMUNICATION 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
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	OTHERS - LECTURER	14-03-2006	31-05-2012	6	2	18
OTHERS - ST XAVIERS POLYTECHNIC COLLEGE SEYTHUNGANALLUR	OTHERS - LECTURER	08-01-2004	13-03-2006	2	2	6
V V COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	05-12-2023	07-06-2024	0	6	3
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	04-01-2020	04-12-2023	3	11	1
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2012	03-01-2020	7	7	3
			Total	20	5	5

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MS. PRINCEE S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	C-48 ANUVIJAY TOWNSHIP
Line 2	CHETTIKULAM
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9486398976
Email	PRINCEE@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	BAAPP9559E
Passport Number	
Aadhar Number	720074240789
Faculty code given by C.O.E.	9534012
Faculty code given by A.I.C.T.E.	478548501
Date of Birth	04-06-1984
Age	40
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2005	PSNA COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2009	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	72	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 COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	OTHERS - LECTURER	03-01-2007	31-05-2009	2	4	29
LORD JEGANNATH COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2009	08-01-2011	1	7	8
OTHERS - SAMUEL POLYTECHNIC	OTHERS - LECTURER	01-06-2006	02-01-2007	0	7	2
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-03-2011	07-06-2024	13	3	7
			Total	17	10	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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. SOMASUNDARAM V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	17 MUTHU NACIKAR STREET
Line 2	TUTICORIN 628002
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9942886665
Email	SOMASUNDARAM@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	CNAPS9181B
Passport Number	
Aadhar Number	205113937018
Faculty code given by C.O.E.	9534147
Faculty code given by A.I.C.T.E.	2470007284
Date of Birth	22-05-1974
Age	50
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2003	GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	63	FIRST CLASS	
P.G.	M.E.	EMBEDDED SYSTEM TECHNOLOGIES	2009	ANNA UNIVESITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	9	DISTINCTION	

* 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
KARPAGAM COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	21-01-2008	30-04-2012	4	3	11
SBM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	19-06-2012	31-10-2014	2	4	12
TAMILNADU COLLEGE OF ENGINEERING	OTHERS - LECTURER	14-01-2004	16-01-2008	4	0	3
V V COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	02-01-2015	07-06-2024	9	5	6
			Total	20	1	3

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)
9				

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SIVASUBRAMANIAN A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	6 ITTAMOZHI ROAD
Line 2	SATHANKULAM
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9788934767
Email	SIVA@VVCOE.ORG
Gender	MALE
Community	OC
PAN Number	DPCPS6664J
Passport Number	
Aadhar Number	802646721167
Faculty code given by C.O.E.	9534035
Faculty code given by A.I.C.T.E.	1402562413
Date of Birth	30-04-1981
Age	43
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	2002	JAYAMATHA ENGINEERING COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	66.34	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2011	R. V. S COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.03	FIRST CLASS	

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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
OTHERS - MSPVL POLYTECHNIC	OTHERS - LECTURER	12-06-2006	08-04-2009	2	9	27
OTHERS - ASA POLYTECHNIC	OTHERS - LECTURER	06-06-2002	19-08-2005	3	2	14
EINSTEIN COLLEGE OF ENGINEERING	OTHERS - LECTURER	03-05-2011	30-04-2012	0	11	29
V V COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	02-05-2012	12-06-2024	12	1	11
			Total	19	1	22

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)
5				

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. MOHAMED SHAMEER P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	3/14C MUSLIM NORTH STREET
Line 2	KALAKAD 627501
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9443455325
Email	SHAMEER@VVCOE.ORG
Gender	MALE
Community	OTHERS - BCM
PAN Number	EAUPM5152D
Passport Number	
Aadhar Number	241564452706
Faculty code given by C.O.E.	9534193
Faculty code given by A.I.C.T.E.	3549212735
Date of Birth	21-07-1992
Age	32
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	2013	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	89.2	DISTINCTION	
P.G.	M.E.	THERMAL ENGINEERING	2015	GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	ANNA UNIVERSITY	89.4	DISTINCTION	
PH.D.	PH.D.	THERMAL ENGINEERING	2018	GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	INVESTIGATION AND IMPROVEMENT ON FUEL STABILITY OF BIODIESEL DERIVIED FROM HIGH OIL TYIEDING SPICES CALOPHYLLUM MOPHYLLUM STEP FORWARD IN THE TRACLC OF COMMERCIALIZATION
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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	28-09-2017	12-06-2024	6	8	15
GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	OTHERS - TEACHING RESEARCH ASSOCIATE	03-08-2015	23-08-2017	2	0	21
			Total	8	9	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 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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MRS. IDAVATHI GUNASEELI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	WEST STREET SHUNMUGAPURAM
Line 2	TISAIYANVILAI 627657
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 8344590687
Email	CHEM.IDA@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ACGPI8145L
Passport Number	
Aadhar Number	230370816497
Faculty code given by C.O.E.	9534057
Faculty code given by A.I.C.T.E.	478265301
Date of Birth	01-05-1985
Age	39
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.SC.	OTHERS - CHEMISTRY	2005	OTHERS - MARGHOSICS COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	82.5	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - CHEMISTRY	2010	OTHERS - AYYA NADAR JANAKIAMMAL ARTS AND SCIENCE COLLEGE	MADURAI KAMARAJ UNIVERSITY	76.1	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2007	OTHERS - AYYA NADAR JANAKIAMMAL ARTS AND SCIENCE COLLEGE	MADURAI KAMARAJ UNIVERSITY	76.66	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
SREE SOWDAMBIKA COLLEGE OF ENGINEERING	OTHERS - LECTURER	29-06-2007	26-04-2011	3	9	28
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-04-2011	07-06-2024	13	1	11
			Total	16	11	14

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. MERLIN GETHSY D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	2/261 COLONY STREET VALLAVANKOTTAI
Line 2	TIRUNELVELI
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 8526309042
Email	MERLINGETHSY@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BTDPM7799B
Passport Number	NIL
Aadhar Number	412704142348
Faculty code given by C.O.E.	9534158
Faculty code given by A.I.C.T.E.	2913904628
Date of Birth	06-06-1988
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.	COMPUTER SCIENCE AND ENGINEERING	2009	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	81	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2011	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	8.7	DISTINCTION	

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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
SCAD COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	17-05-2011	08-04-2015	3	10	23
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-08-2015	07-06-2024	8	10	7
			Total	12	9	5

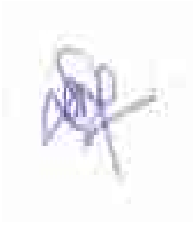
V. Industrial Experience :	

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)

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



Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. CYRIN SERUBA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9/18 CHRUCH STREET
Line 2	KARAICHUTHUPUDUR
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9487719809
Email	CYRIN@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	BJKPC3934M
Passport Number	
Aadhar Number	928841074533
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	3356650998
Date of Birth	04-06-1991
Age	33
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.TECH.	OTHERS - CIVIL ENGINEERING	2012	OTHERS - KARUNYA INSTITUTE	OTHERS - KARUNYA UNIVERSITY	67	FIRST CLASS	
P.G.	M.TECH.	OTHERS - STRUCTURAL ENGINEERING	2015	OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE	OTHERS - DR MGR EDUCATIONAL AND RESEARCH INSTITUTE	85.05	DISTINCTION	

* 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
D M I COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	16-07-2016	09-10-2019	3	2	25
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-08-2022	07-06-2024	1	10	5
			Total	5	1	1

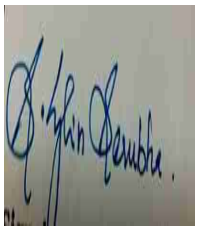
V. Industrial Experience :	

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

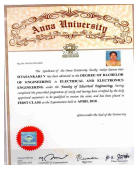
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MS. SIVASANKARI V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	103 SUNTHARA VINAYAGAR KOVIL STREET, APPUVILAI
Line 2	TISAIYANVILAI, 627657
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 8667073945
Email	SIVASANKARI.ASK@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CBTPV1614B
Passport Number	
Aadhar Number	207699492713
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	19479679626
Date of Birth	10-02-1997
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2018	V V COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.45	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2020	V V COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.13	FIRST CLASS	

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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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	17-08-2021	07-06-2024	2	9	22
UNIVERSAL COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	15-12-2020	14-08-2021	0	7	31
			Total	3	5	26

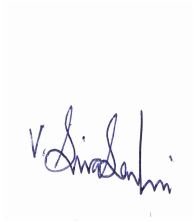
V. Industrial Experience :	

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 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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. POORNA LEKHA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	21, VEGETABLE SHOP STREET
Line 2	PALAYAMKOTTAI 627002
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9486154132
Email	SPLKEHA.ME@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CGIPP7363K
Passport Number	
Aadhar Number	746669425676
Faculty code given by C.O.E.	9534073
Faculty code given by A.I.C.T.E.	1401554855
Date of Birth	07-12-1978
Age	46
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2000	OTHERS - IRT TECH ERODE	BHARATHIYAR UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2012	MAHENDRA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.1	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
EXCEL ENGINEERING COLLEGE (AUTONOMOUS)	OTHERS - LECTURER	18-08-2009	27-08-2010	1	0	10
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	11-06-2012	07-06-2024	11	11	27
OTHERS - SCAD POLYTECHNIC	OTHERS - LECTURER	04-06-2002	31-05-2007	4	11	27
			Total	18	0	5

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. LEVINGSTAN Y
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	49 OTTUPURAI STREET
Line 2	NAGERCOIL 629001
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9715111860
Email	LEVINGSTAN@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	AGIPL3693C
Passport Number	
Aadhar Number	976188963386
Faculty code given by C.O.E.	9534014
Faculty code given by A.I.C.T.E.	1402642681
Date of Birth	07-06-1987
Age	37
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2009	OTHERS - SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	77	DISTINCTION	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2011	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	7.6	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
SATYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	15-06-2011	30-04-2012	0	10	16
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-05-2012	07-06-2024	12	1	6
			Total	12	11	27

V. Industrial Experience :	

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

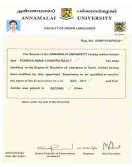
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)
10				

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MR. PONSIVA RAMA CHANDRA RAJA T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/186 NEAR BUS STAND
Line 2	VIJAYA ACHAMPADU 627652
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9965654136
Email	PONSIVA@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	FCUPP9991Q
Passport Number	
Aadhar Number	884829610172
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	10-05-1987
Age	37
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.SC.	OTHERS - PHYSICS	2006	OTHERS - TDMNS COLLEGE KALLIKULAM	MANOMANIAM SUNDARNAR UNIVERSITY	49	OTHERS - THIRD CLASS	
U.G.	OTHERS - B.LIT	OTHERS - TAMIL	2011	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	54	SECOND CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2013	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	66	FIRST CLASS	
P.G.	OTHERS - M A	OTHERS - TAMIL	2016	OTHERS - ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	58	SECOND CLASS	

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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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	28-05-2024	07-06-2024	0	0	11
			Total	0	0	11

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. IYAPPAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.3, C BLOCK V V STAFF QUARTERS
Line 2	TISAIYANVILAI 627657
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9487024361
Email	IYAPPAN@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	ABOPI4931P
Passport Number	
Aadhar Number	561396660151
Faculty code given by C.O.E.	9534063
Faculty code given by A.I.C.T.E.	476481349
Date of Birth	08-06-1986
Age	38
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.	CIVIL ENGINEERING	2009	C S I INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	77.45	DISTINCTION	
P.G.	M.E.	STRUCTURAL ENGINEERING	2014	UNIVERSITY COLLEGE OF ENGINEERING NAGERCOIL	ANNA UNIVERSITY	8.7	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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	21-06-2010	07-06-2024	13	11	17
			Total	13	11	22

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
DAVID ASSOCIATES	TECHNICAL ASSISTANT	DRAUGHTSMAN	24-04-2004	14-07-2006	2	2	21
VAIGAI ASSOCIATES	SITE ENGINEER	SITE INCHARGE	18-05-2009	20-06-2010	1	1	3
				Total	3	3	25

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)
10				

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. KARTHIKA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9/107 PILLAYAR KOIL STREET
Line 2	KOTTARAM
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9566506006
Email	KARTHIKA@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	DCPPK9256Q
Passport Number	
Aadhar Number	754185758291
Faculty code given by C.O.E.	9534085
Faculty code given by A.I.C.T.E.	2186238633
Date of Birth	25-07-1989
Age	35
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2010	CAPE INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	80	DISTINCTION	
P.G.	M.E.	COMMUNICATION SYSTEMS	2012	CAPE INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	8.7	DISTINCTION	

* 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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-05-2013	07-06-2024	11	0	21
SNS COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	10-07-2012	14-05-2013	0	10	5
			Total	11	10	1

V. Industrial Experience :	

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

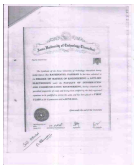
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. RATHINAVEL PANDIAN A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/124, SOUTH STREET, PALKULAM, TIRUKALUR PO
Line 2	THOOTHUKUDI, 628612
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 8124242481
Email	PANDIANMTEC@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BFCPR3951R
Passport Number	
Aadhar Number	329353992625
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1493595362
Date of Birth	10-04-1984
Age	40
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2009	JAYARAJ ANNAPACKIAM CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	64	SECOND CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2011	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	7.6	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
ST MOTHER THERESA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	28-02-2011	14-10-2019	8	7	15
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	16-03-2020	07-06-2024	4	2	23
			Total	12	10	12

V. Industrial Experience :

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

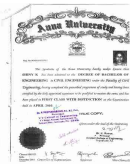
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. SHINY K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	10 FIRST MAIN STREET, 8 CROSS STREET
Line 2	VM CHARTRAM 627001
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 7708796706
Email	SHINY@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	DBXPS9446H
Passport Number	
Aadhar Number	923227927329
Faculty code given by C.O.E.	9534077
Faculty code given by A.I.C.T.E.	2185940353
Date of Birth	11-11-1988
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.	CIVIL ENGINEERING	2010	OTHERS - NOORUL ISLAM COLLEGE OF ENGINEERING	ANNA UNIVERSITY	79	DISTINCTION	
P.G.	M.E.	STRUCTURAL ENGINEERING	2012	THIAGARAJAR COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	8.47	DISTINCTION	

* 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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	12-06-2013	07-06-2024	10	11	26
EINSTEIN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-06-2012	31-05-2013	0	11	26
			Total	11	11	28

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. JANCYRANI MALLI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	111/48B, SAMUEL STREET,
Line 2	NAZARETH-628 617
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9894177835
Email	RANIMOSESS@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AWRPJ5419R
Passport Number	
Aadhar Number	872497040656
Faculty code given by C.O.E.	9505027
Faculty code given by A.I.C.T.E.	1540070883
Date of Birth	15-07-1988
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.TECH.	INFORMATION TECHNOLOGY	2009	JAYARAJ ANNAPACKIAM CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	74	FIRST CLASS	
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2012	FRANCIS XAVIER ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.57	DISTINCTION	

* 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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	26-09-2022	07-06-2024	1	8	12
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	12-10-2020	13-01-2021	0	3	2
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-01-2013	30-06-2020	7	5	30
			Total	9	5	17

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MS. MEERA SUDHARSANA REVATHI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3 STAFF QUARTERS V V NAGAR
Line 2	ARASOOR 628658
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 7010529778
Email	MEERA@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	BRDPM3062K
Passport Number	NIL
Aadhar Number	986139137681
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7344781101
Date of Birth	26-04-1987
Age	37
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.SC.	OTHERS - MATHEMATICS	2007	OTHERS - TDMNS COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	75.85	DISTINCTION	
P.G.	M.SC.	OTHERS - MATHEMATICS	2009	OTHERS - TDMNS COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	66.56	FIRST CLASS	
P.G.	OTHERS - M.PHILL	OTHERS - MATHEMATICS	2011	OTHERS - TDMNS COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	74	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
OTHERS - THIRUVALLUVAR COLLEGE	ASSISTANT PROFESSOR	06-12-2017	31-12-2019	2	0	26
OTHERS - TDMNS COLLEGE	ASSISTANT PROFESSOR	01-07-2011	30-06-2014	2	11	31
J P COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-05-2015	13-05-2016	1	0	13
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-02-2020	12-06-2024	4	4	12
			Total	10	5	24

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MS. AGVINOS CATHERINE AJ
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	A2, STAFF QUARTERS
Line 2	TISAIYANVILAI 627657
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 8098384313
Email	CATHERINE@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	AKZPC9227G
Passport Number	
Aadhar Number	635445301767
Faculty code given by C.O.E.	9534006
Faculty code given by A.I.C.T.E.	478639842
Date of Birth	14-02-1983
Age	41
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.SC.	OTHERS - MATHS	2003	OTHERS - FATIMA COLLEGE	MADURAI KAMARAJ UNIVERSITY	84.65	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHS	2005	OTHERS - MADURA COLLEGE	MADURAI KAMARAJ UNIVERSITY	91.4	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MATHS	2006	OTHERS - MK UNIVERSITY	MADURAI KAMARAJ UNIVERSITY	67	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- SLET
Score : 200
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
OTHERS - PKN ARTS AND SCIENCE COLLEGE	OTHERS - LECTURER	27-11-2006	30-04-2007	0	5	4
OTHERS - FATHIMA COLLEGE	OTHERS - LECTURER	13-06-2007	31-05-2008	0	11	18
BHARATH NIKETAN ENGINEERING COLLEGE	OTHERS - LECTURER	05-06-2008	26-05-2011	2	11	22
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2011	12-06-2024	13	0	12
			Total	17	4	29

V. Industrial Experience :	

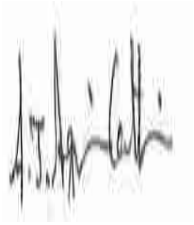
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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)

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

Signature of the Faculty :



Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. GOMATHI KALYANI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	55 FIRST CROSS STREET
Line 2	TIRUNELVELI
District	TIRUNELVELI
Telephone number	0462 - 2522241
Mobile number	+91 - 9488182241
Email	GOMATHI@VVCOE.ORG
Gender	FEMALE
Community	OC
PAN Number	AWHPG3324L
Passport Number	
Aadhar Number	684386882384
Faculty code given by C.O.E.	9534165
Faculty code given by A.I.C.T.E.	2904356776
Date of Birth	28-06-1982
Age	42
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2004	PET ENGINEERING COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	69.68	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2008	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	73	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
P S R ENGINEERING COLLEGE (AUTONOMOUS)	OTHERS - LECTURER	11-09-2008	03-11-2010	2	1	23
SACS M A V M M ENGINEERING COLLEGE	OTHERS - LECTURER	09-07-2007	11-08-2008	1	1	3
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-01-2016	07-06-2024	8	5	4
			Total	11	7	3

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SHANMUGA SUNDARAM SG
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	16/485 DEVI ILLAM, 21 ST STREET
Line 2	SHANTHI NAGAR, PALAYAMKOTTAI
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9095326836
Email	SUNMUGAM123@YAHOO.COM
Gender	MALE
Community	OC
PAN Number	FWNPS7181A
Passport Number	
Aadhar Number	288530487257
Faculty code given by C.O.E.	9534154
Faculty code given by A.I.C.T.E.	2471364789
Date of Birth	15-05-1984
Age	40
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	2005	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	78.83	FIRST CLASS	
P.G.	M.E.	COMPUTER AIDED DESIGN	2014	ANNA UNIVESITY REGIONAL CAMPUS,TIRUNELVELI	ANNA UNIVERSITY	8.99	DISTINCTION	

* 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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-01-2015	12-06-2024	9	5	11
THAMIRABHARANI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-07-2013	31-10-2014	1	3	31
			Total	10	9	16

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
WABCO TVS INDIA LTD	GRADUATE ENGINEER TRAINEE	PROCESS PLANNING	13-08-2007	12-08-2009	1	11	31
				Total	2	0	0

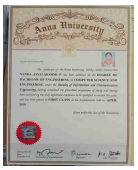
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. NANDA JEYALAKSHMI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9/163, WEST STREET, SANKARANKUDIREPPU
Line 2	SATHANKULAM 628704
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 8870564169
Email	NANDA@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	AWMPN6441J
Passport Number	NIL
Aadhar Number	822965260416
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	05-05-1997
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.	COMPUTER SCIENCE AND ENGINEERING	2018	JAYARAJ ANNAPACKIAM CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.2	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2023	GRACE COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.75	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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	11-09-2023	07-06-2024	0	8	27
			Total	0	8	1

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	M.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. STEPHY GOLDA MERCY S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/20 CHURCH STREET
Line 2	NALLUR 628653
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9385510250
Email	STEPHY@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	KQJPS1805Q
Passport Number	
Aadhar Number	383679959059
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	30-07-1995
Age	29
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.	COMPUTER SCIENCE AND ENGINEERING	2016	V V COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.07	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2018	V V COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.97	FIRST CLASS	

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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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	11-09-2023	07-06-2024	0	8	27
			Total	0	8	1

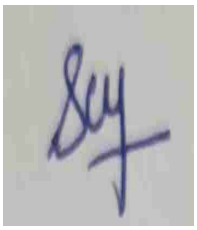
V. Industrial Experience :

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	DR. GENEVA SEQUIREA ROCHE P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	14/58 MATHA STREET
Line 2	IDINTHAKARAI 627104
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9486512256
Email	GENEVA@VVCOE.ORG
Gender	FEMALE
Community	MBC
PAN Number	BXUPG9178D
Passport Number	NIL
Aadhar Number	336387583766
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	26-12-1982
Age	42
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.SC.	OTHERS - PHYSICS	2003	OTHERS - ST MARYS COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	56	SECOND CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2008	OTHERS - GOVINDAMMAL ADITANAR WOMENS COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	60	FIRST CLASS	
PH.D.	PH.D.	OTHERS - PHYSICS	2020	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARNAR UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	GROWTH AND STUDIES OF SOME UNDOPED AND DOPED METAL IODATE CRYSTALS FOR LASER OPTICS
III. Faculty in which Ph.D. was awarded	OTHERS
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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-07-2023	12-06-2024	0	11	3
JAYARAJ ANNAPACKIAM CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	08-08-2016	09-08-2018	2	0	2
			Total	2	11	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 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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MR. SARAVANAN B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	31 NELLAI NAYANAR STREET
Line 2	PALAYAMKOTTAI 627002
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 8825667680
Email	SARAVANANB@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	JLTPS4147E
Passport Number	NIL
Aadhar Number	725184178488
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	05-01-1999
Age	25
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.SC.	OTHERS - PHYSICS	2019	OTHERS - ST JOHNS COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	73.8	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2021	OTHERS - ST JOHNS COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	85.8	FIRST CLASS	

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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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-07-2023	12-06-2024	0	11	3
			Total	0	11	8

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MR. RAJENDRAN N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9/47, MALAIYANKUDI, SANKANANKULAM POST
Line 2	VIJAYANARAYANAM, TISAIYANVILAI 627118
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9500794343
Email	RAJENDRAN@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	BSVPR1066B
Passport Number	NIL
Aadhar Number	575282989487
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	21-05-1983
Age	41
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.SC.	OTHERS - CHEMISTRY	2003	OTHERS - TDMNS COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	55.5	SECOND CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2008	OTHERS - KURINJI COLLEGE OF ARTS AND SCIENCE	BHARATHIDASAN UNIVERSITY	65.4	FIRST CLASS	

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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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-11-2023	07-06-2024	0	7	5
			Total	0	7	8

V. Industrial Experience :

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

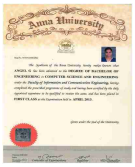
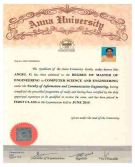
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. ANGEL G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	25, CHURCH STREET
Line 2	IDAIYANKUDI 627651
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 7540082958
Email	ANGELG@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	DQDPG9862E
Passport Number	NIL
Aadhar Number	784426226327
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	18-01-1992
Age	32
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.	COMPUTER SCIENCE AND ENGINEERING	2013	JAYARAJ ANNAPACKIAM CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	77.8	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	83.1	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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-10-2023	12-06-2024	0	8	9
			Total	0	8	13

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. ANSELEM BENET RAJA Y
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	91B KENNEDY STREET
Line 2	NAGERCOIL 629004
District	KANYAKUMARI
Telephone number	04652 - 236211
Mobile number	+91 - 7598733711
Email	BENET@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	ARJPA7450J
Passport Number	NIL
Aadhar Number	560600431778
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	22-05-1976
Age	48
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	1999	OTHERS - NOORUL ISLAM COLLEGE OF ENGINEERING	MANOMANIAM SUNDARNAR UNIVERSITY	61	FIRST CLASS	
P.G.	M.E.	CONTROL AND INSTRUMENTATION ENGINEERING	2007	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	62	SECOND CLASS	

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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
MEENAKSHI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	25-06-2007	29-05-2009	1	11	5
VINS CHRISTIAN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-08-2023	01-11-2023	0	2	15
VINS CHRISTIAN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	15-06-2009	15-12-2022	13	6	1
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-11-2023	12-06-2024	0	7	11
			Total	16	3	5

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)
		2	150	

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. SUBASH DAVID A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	C48, CROSS STREET
Line 2	TIRUNELVELI 627007
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9944222235
Email	DAVID@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	BZVPS6958L
Passport Number	
Aadhar Number	903277243714
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	23-06-1984
Age	40
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.	COMPUTER SCIENCE AND ENGINEERING	2006	THANGAVELU ENGINEERING COLLEGE	ANNA UNIVERSITY	61	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE	2014	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA UNIVERSITY	60	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) ***	

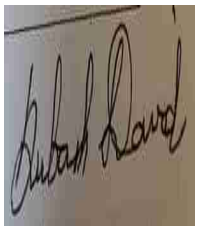
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	31-01-2024	07-06-2024	0	4	8
UNIVERSAL COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	03-10-2019	18-01-2021	1	3	16
			Total	1	7	27

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)

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

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. JEBA JENITHA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	296 NORTH ARAMPOUNTARKULAM
Line 2	AMBALAM 627354
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 7639428054
Email	JENITHA@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	ASKPJ5892J
Passport Number	
Aadhar Number	906434140820
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	05-05-1986
Age	38
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.	COMPUTER SCIENCE AND ENGINEERING	2009	ST XAVIER'S CATHOLIC COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2011	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARNAR UNIVERSITY	69	FIRST CLASS	

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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
VINS CHRISTIAN WOMEN'S COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	15-06-2011	30-10-2020	9	4	15
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-03-2024	12-06-2024	0	3	9
			Total	9	7	27

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MR. MATHUSUTHANAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/118, SOUTH STREET, KARUBEELAMPADU
Line 2	SATHANKULAM 628701
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 8838295838
Email	MATHUSUTHANANS1996@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	GCCPM9815B
Passport Number	
Aadhar Number	994944878923
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	17-05-1996
Age	28
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.A.	ENGLISH	2016	OTHERS - ADITANAR COLLEG OF ARTS AND SCIENCE	MANOMANIAM SUNDARNAR UNIVERSITY	59	SECOND CLASS	
P.G.	OTHERS - M. A	ENGLISH	2019	OTHERS - ADITANAR COLLEG OF ARTS AND SCIENCE	MANOMANIAM SUNDARNAR UNIVERSITY	72	FIRST CLASS	
P.G.	OTHERS - M.PHIL	ENGLISH	2020	OTHERS - ADITANAR COLLEGE OF ARTS AND SCIENCE	MANOMANIAM SUNDARNAR UNIVERSITY	89	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NET
Score : 88
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
OTHERS - MERIT ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	20-10-2021	30-04-2024	2	6	12
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	12-06-2024	12-06-2024	0	0	1
			Total	2	6	16

V. Industrial Experience :

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

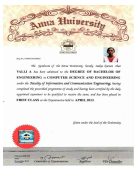
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. VALLI A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	E1, POLICE STATION QUATERS
Line 2	THATTARMADAM - 628653
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 7598235834
Email	SQUIFFY56@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	ANJPV2983P
Passport Number	
Aadhar Number	507886568200
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	143796177031
Date of Birth	04-10-1990
Age	34
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.	COMPUTER SCIENCE AND ENGINEERING	2013	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.44	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.7	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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	12-02-2024	12-06-2024	0	4	1
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	09-01-2024	01-02-2024	0	0	24
			Total	0	4	27

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MRS. MOOHAMBIHAI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6 ITTAMOZHI ROAD
Line 2	SATTANKULAM 628704
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9786618622
Email	AMBIKACHEM12@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BRQPM4227H
Passport Number	
Aadhar Number	539719621131
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1112834745
Date of Birth	26-02-1984
Age	40
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.SC.	OTHERS - CHEMISTRY	2005	OTHERS - GTN ARTS AND SCIENCE COLLEGE	MADURAI KAMARAJ UNIVERSITY	78.05	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2007	OTHERS - GTN ARTS AND SCIENCE COLLEGE	MADURAI KAMARAJ UNIVERSITY	77.94	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - CHEMISTRY	2008	OTHERS - MADURAI KAMARAJ UNIVERSITY	MADURAI KAMARAJ UNIVERSITY	72.19	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
R V S COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	26-08-2009	31-05-2012	2	9	6
OTHERS - TDMNS COLLEGE	ASSISTANT PROFESSOR	21-09-2015	31-05-2019	3	8	10
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-03-2022	07-06-2024	2	3	6
			Total	8	8	27

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	M.E.-POWER ELECTRONICS AND DRIVES
Name of the faculty member	MRS. JEYASEELI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	22 MERCHANTS STREET
Line 2	NAZARETH
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9486284887
Email	JEYASEELI@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	ASQPJ4273N
Passport Number	
Aadhar Number	314529642227
Faculty code given by C.O.E.	9534013
Faculty code given by A.I.C.T.E.	478548505
Date of Birth	21-09-1987
Age	37
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2009	FRANCIS XAVIER ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	74	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2011	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	7.9	FIRST CLASS	

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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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	25-05-2011	07-06-2024	13	0	14
			Total	13	0	14

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)
6				

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MS. ANUSHA DEVI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	76A/5 SUGAM HOSPITAL BACK SIDE
Line 2	VALLIOOR
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9003636257
Email	ANUSHADEVI@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	EMCPA1724B
Passport Number	
Aadhar Number	990820638050
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	11054073331
Date of Birth	01-02-1999
Age	25
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.SC.	OTHERS - PHYSICS	2019	OTHERS - T DM N S COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	83	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2021	OTHERS - SRI DARADA COLLEGE FOR WOMEN	MANOMANIAM SUNDARNAR UNIVERSITY	82	DISTINCTION	

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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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-01-2022	12-06-2024	2	5	9
			Total	2	5	11

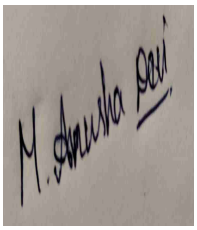
V. Industrial Experience :

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. GARETTE JEBA DURAI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/14 CHEKKADIVILLAI
Line 2	SATHANKULAM
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9442052421
Email	S.GARETTE@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AVFPG3789G
Passport Number	
Aadhar Number	624189726496
Faculty code given by C.O.E.	9534033
Faculty code given by A.I.C.T.E.	478823288
Date of Birth	18-07-1979
Age	45
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	2004	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	MANOMANIAM SUNDARNAR UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	COMPUTER AIDED DESIGN	2010	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	7.26	FIRST CLASS	

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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
INFANT JESUS COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	28-06-2010	21-04-2011	0	9	24
PMR ENGINEERING COLLEGE	OTHERS - LECTURER	05-08-2009	18-06-2010	0	10	14
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2011	12-06-2024	13	0	12
			Total	14	8	24

V. Industrial Experience :	

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
KHIVRAJ AUTOMOBILES AND INVESTMENTS PVT LTD	MAINTENANCE ENGINEER	MAINTENANCE	15-07-2000	10-04-2001	0	8	27
DESIGN DESK INDIA PVT LTD	DESIGNER	DESIGNER	14-03-2006	30-11-2007	1	8	18
JYOTHI ENGINEERING WORKS	QUALITY ENGINEER	QUALITY ENGINEER	03-06-2004	30-04-2005	0	10	28
CSE COMPUTER EDUCATION	CAD TRAINER	TECAHNING	02-05-2005	15-02-2006	0	9	14
GE INFO SERVE PVT LTD	CAD ENGINEER	D MODELING DETAILING USING PRO E	01-12-2007	31-01-2009	1	1	31
				Total	5	3	28

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. VIGNESH J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	80, PATTARIAR LONG STREET, EDALAKUDY
Line 2	KOTTAR POST, NAGERCOIL-2
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9952614581
Email	VIGNESHJAY@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	ASWPV1643C
Passport Number	
Aadhar Number	235957479641
Faculty code given by C.O.E.	9534100
Faculty code given by A.I.C.T.E.	2185505550
Date of Birth	30-07-1986
Age	38
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	2008	C S I INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	75	DISTINCTION	
P.G.	M.E.	MANUFACTURING ENGINEERING	2012	M I E T ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.67	DISTINCTION	

* 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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-04-2013	12-06-2024	11	1	16
LORD JEGANNATH COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	15-05-2012	09-02-2013	0	8	26
LORD JEGANNATH COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	09-09-2008	12-08-2010	1	11	4
			Total	13	9	21

V. Industrial Experience :

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

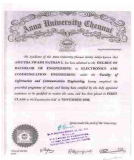
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	M.E.-APPLIED ELECTRONICS
Name of the faculty member	MR. AMUTHA SWAMI NATHAN L
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	V V STAFF QUARTERS
Line 2	TISAIYANVILAI 627657
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9894379549
Email	AMUTHU@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	BDYPA4000Q
Passport Number	
Aadhar Number	855803527354
Faculty code given by C.O.E.	9534108
Faculty code given by A.I.C.T.E.	2186155375
Date of Birth	03-04-1987
Age	37
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2008	PAVENDAR BHARATHIDASAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	67	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMMUNICATION SYSTEMS	2011	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	7.3	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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-01-2014	07-06-2024	10	5	6
A V C COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-08-2011	23-12-2013	2	4	23
			Total	12	9	3

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	M.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. KARTHIJA T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	AN MODERN RICEMILL NGO COLONY
Line 2	NAGERCOIL
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9578359994
Email	KARTHIJA@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	BRHPK4918E
Passport Number	
Aadhar Number	884810153099
Faculty code given by C.O.E.	9534049
Faculty code given by A.I.C.T.E.	1401554632
Date of Birth	19-07-1988
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.	COMPUTER SCIENCE AND ENGINEERING	2009	PONJESLY COLLEGE OF ENGINEERING	ANNA UNIVERSITY	76	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2012	OTHERS - NOORUL ISALAM UNIVERSITY	OTHERS - NOORUL ISLAM	8.76	DISTINCTION	

* 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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	19-12-2011	07-06-2024	12	5	20
PONJESLY COLLEGE OF ENGINEERING	OTHERS - LECTURER	19-06-2009	04-08-2010	1	1	16
			Total	13	7	9

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. ANGELIN JEYASEELI D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	51 ANNAI THERASA NAGAR
Line 2	TISAIYANVILAI - 627657
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9095589895
Email	ANGELINJEYASEELI@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	BQGPA9151D
Passport Number	
Aadhar Number	362903042257
Faculty code given by C.O.E.	9534230
Faculty code given by A.I.C.T.E.	17354703952
Date of Birth	06-05-1989
Age	35
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.	COMPUTER AND COMMUNICATION ENGINEERING	2011	JAYARAJ ANNAPACKIAM CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	77	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA UNIVERSITY	76	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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	12-12-2022	07-06-2024	1	5	27
PET ENGINEERING COLLEGE	ASSISTANT PROFESSOR	09-03-2022	10-12-2022	0	9	2
UNIVERSAL COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-08-2016	08-03-2022	5	7	8
			Total	7	10	12

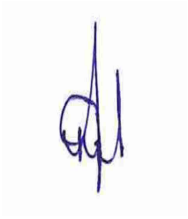
V. Industrial Experience :

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)

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



Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. MUTHURAMAN P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	106-C AVINANGUDI STREET
Line 2	TISAIYANVILAI 627657
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 8220244716
Email	PMUTHURAM.21@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	BFIPM9599G
Passport Number	
Aadhar Number	873897663563
Faculty code given by C.O.E.	9534113
Faculty code given by A.I.C.T.E.	2279788773
Date of Birth	20-06-1989
Age	35
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.	CIVIL ENGINEERING	2010	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	82	DISTINCTION	
P.G.	M.E.	STRUCTURAL ENGINEERING	2014	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	9.44	DISTINCTION	

* 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
ARUL COLLEGE OF TECHNOLOGY	ASSISTANT PROFESSOR	17-12-2011	04-09-2012	0	8	19
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-06-2014	07-06-2024	10	0	6
			Total	10	8	29

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. VANITHA J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NORTH STREET VADALIVILAI
Line 2	VALLIOOR
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9942085566
Email	VANITHAKIRUBA2011@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AJTPV6431C
Passport Number	F2766200
Aadhar Number	523023453039
Faculty code given by C.O.E.	9534088
Faculty code given by A.I.C.T.E.	2186307153
Date of Birth	07-10-1982
Age	42
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2004	GOVERNMENT COLLEGE OF ENGINEERING BARGUR (AUTONOMOUS)	PERIYAR UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2008	PET ENGINEERING COLLEGE	ANNA UNIVERSITY	78	DISTINCTION	

* 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
NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	OTHERS - LECTURER	20-05-2008	31-10-2011	3	5	12
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-05-2013	07-06-2024	11	1	5
NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-11-2011	30-04-2013	1	5	30
GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	OTHERS - LECTURER	01-01-2008	30-04-2008	0	3	31
GOVERNMENT COLLEGE OF ENGINEERING BARGUR (AUTONOMOUS)	OTHERS - LECTURER	01-01-2005	30-07-2006	1	6	30
			Total	17	11	23

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	M.E.-CAD/CAM
Name of the faculty member	MR. ALBERT T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/28 NEDUVILAI STREET
Line 2	JACOBPURAM
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9500358899
Email	ALBERT@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	ASMPA5858L
Passport Number	
Aadhar Number	641272311115
Faculty code given by C.O.E.	9534102
Faculty code given by A.I.C.T.E.	2185622418
Date of Birth	08-07-1987
Age	37
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	2008	PALLAVAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	85	DISTINCTION	
P.G.	M.E.	CAD/CAM	2011	R V S COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.13	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
PONJESLY COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	24-10-2008	11-09-2009	0	10	19
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-06-2013	12-06-2024	11	0	10
PONJESLY COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-05-2011	31-12-2012	1	7	30
DMI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-01-2013	30-05-2013	0	4	29
			Total	13	11	3

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)
5				

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. VELVIZHI VK
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	13/22C EAST STREET
Line 2	AGASTEESWARAM 629701
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 8973815631
Email	VELVIZHI@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	AQLPV7764K
Passport Number	
Aadhar Number	815072931052
Faculty code given by C.O.E.	9534093
Faculty code given by A.I.C.T.E.	2187819163
Date of Birth	14-03-1989
Age	35
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2010	AMRITA COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	84	DISTINCTION	
P.G.	M.E.	HIGH VOLTAGE ENGINEERING	2012	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	8.5	DISTINCTION	

* 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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	22-04-2013	07-06-2024	11	1	16
AMRITA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	03-05-2012	20-04-2013	0	11	18
			Total	12	1	5

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MRS. ISWARIYA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/A, SUDALAIANDAVAR KOVIL STREET
Line 2	TISAIYANVILAI 627657
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9345443576
Email	ISWARIYA@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	AJJPI0310D
Passport Number	
Aadhar Number	463054082370
Faculty code given by C.O.E.	9534224
Faculty code given by A.I.C.T.E.	43354750389
Date of Birth	19-12-1988
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.A.	ENGLISH	2009	OTHERS - SARAH TUCKER COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	49	OTHERS - THIRD CLASS	
P.G.	OTHERS - MA	OTHERS - ENGLISH	2012	OTHERS - SARAH TUCKER COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	59	SECOND 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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	19-10-2022	07-06-2024	1	7	20
			Total	1	7	23

V. Industrial Experience :

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

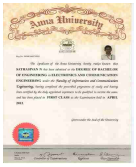
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. SATHASIVAN N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	78/41 NEW CHURCH STREET
Line 2	SATTANKULAM-628704
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9003466712
Email	SATHASIVAN75@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ARCPN0327L
Passport Number	
Aadhar Number	852471877557
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	3373783373
Date of Birth	01-06-1991
Age	33
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.	ELECTRONICS AND COMMUNICATION ENGINEERING (SS)	2012	SCAD COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2014	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	72	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
RAJAS ENGINEERING COLLEGE	ASSISTANT PROFESSOR	26-12-2016	16-03-2020	3	2	22
SATYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	12-06-2014	23-12-2016	2	6	12
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-08-2022	07-06-2024	1	10	5
			Total	7	7	13

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. IMMANUEL R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	39 MAIN STREET
Line 2	MANI NAGAR NAZARETH 628617
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9790185520
Email	IMMANUELR@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	AHMPI6105R
Passport Number	
Aadhar Number	673380284794
Faculty code given by C.O.E.	9534188
Faculty code given by A.I.C.T.E.	3542338634
Date of Birth	08-03-1989
Age	35
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.SC.	OTHERS - MATHEMATICS	2012	OTHERS - NAZARETH MARGOSCHIS COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	91	DISTINCTION	
P.G.	M.SC.	OTHERS - MATHEMATICS	2014	OTHERS - NAZARETH MARGOSCHIS COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	89	DISTINCTION	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2015	OTHERS - ADITANAR COLLEGE OF ARTS AND SCIENCE	MANOMANIAM SUNDARNAR UNIVERSITY	80	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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-08-2017	12-06-2024	6	10	10
OTHERS - VYSYA COLLEGE	ASSISTANT PROFESSOR	01-06-2015	06-04-2017	1	10	6
			Total	8	8	21

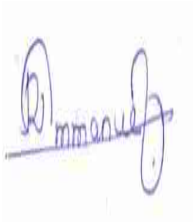
V. Industrial Experience :

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)

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



Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. ANGELIN MERLIN THAVA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	UDANGUDI MAIN ROAD
Line 2	TISAIYANVILAI 627657
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9489448432
Email	ANGELINMERLINTHAVA@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	AXAPA1308G
Passport Number	
Aadhar Number	541866192514
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	511230083
Date of Birth	06-01-1988
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.	COMPUTER SCIENCE AND ENGINEERING	2009	JAYARAJ ANNAPACKIAM CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	81	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2011	PSN ENGINEERING COLLEGE	ANNA UNIVERSITY	9.1	DISTINCTION	

* 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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	26-09-2022	07-06-2024	1	8	12
JAYARAJ ANNAPACKIAM CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-07-2011	31-05-2017	5	10	31
			Total	7	7	17

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. MARIA JAMES P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	28 JEBA MALAI MATHA KOIL ST
Line 2	PALAYAMKOTTAI - 627002
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9600250969
Email	MARIAJAMES@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	BQIPJ9828A
Passport Number	
Aadhar Number	798197549877
Faculty code given by C.O.E.	9534233
Faculty code given by A.I.C.T.E.	43354750429
Date of Birth	31-03-1994
Age	30
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.SC.	OTHERS - MATHS	2014	OTHERS - ST JOHNS COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	71	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHS	2016	OTHERS - SADAKATHULLA APPA COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	84	DISTINCTION	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MATHS	2017	OTHERS - ST JOHNS COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	87	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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-12-2022	12-06-2024	1	6	8
OTHERS - EINSTEIN COLLEGE OF ARTS AND SCIENCE	ASSISTANT PROFESSOR	01-06-2016	31-07-2021	5	1	30
			Total	6	8	11

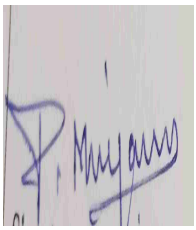
V. Industrial Experience :

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

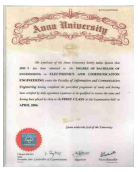
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. JINI T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	15, KAMATCHI NAGAR, 8TH CROSS STREET
Line 2	VM CHATRAM, KTC NAGAR
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9003805095
Email	JINIT@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	AYMPJ4586E
Passport Number	
Aadhar Number	792765194029
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7437220708
Date of Birth	02-04-1984
Age	40
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2006	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2009	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	75	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 COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	13-04-2009	05-07-2019	10	2	23
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-08-2022	07-06-2024	1	10	5
			Total	12	0	29

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SIMON CHRISTOPHER A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4B RC STREET
Line 2	TISAIYANVILAI
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9095123004
Email	TSYSIMON@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	EBOPS4374C
Passport Number	
Aadhar Number	272205916530
Faculty code given by C.O.E.	9534098
Faculty code given by A.I.C.T.E.	2185621909
Date of Birth	22-02-1986
Age	38
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	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	76.54	DISTINCTION	
P.G.	M.E.	COMPUTER AIDED DESIGN	2011	ANNA UNIVESITY REGIONAL CAMPUS, TIRUNELVELI	ANNA UNIVERSITY	9.16	DISTINCTION	

* 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
ARUL COLLEGE OF TECHNOLOGY	OTHERS - LECTURER	26-06-2011	30-08-2011	0	2	4
NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	16-05-2012	13-05-2013	0	11	29
NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	06-09-2011	05-05-2012	0	7	30
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-06-2013	12-06-2024	11	0	10
OTHERS - PASSTER LENSON POLYTECHNICS COLLEGE	OTHERS - LECTURER	03-06-2008	03-09-2009	1	3	1
			Total	14	1	15

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	M.E.-CAD/CAM
Name of the faculty member	MR. SELVAGANESAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	11/33 MUTHARAMMAN KOIL STREET
Line 2	TISAIYANVILAI 627657
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9787530885
Email	SELVA@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	CWDPS2377F
Passport Number	
Aadhar Number	638999710152
Faculty code given by C.O.E.	9534037
Faculty code given by A.I.C.T.E.	476180987
Date of Birth	08-07-1989
Age	35
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	2010	PET ENGINEERING COLLEGE	ANNA UNIVERSITY	80	FIRST CLASS	
P.G.	M.E.	COMPUTER AIDED DESIGN	2013	UNIVERSITY COLLEGE OF ENGINEERING NAGERCOIL	ANNA UNIVERSITY	8.63	DISTINCTION	

* 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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	17-07-2010	12-06-2024	13	10	27
			Total	13	10	2

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. JEYADURGA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/269 SENTHIL BALAJI NAGAR
Line 2	TIRUCHENDUR
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 7708750921
Email	JDURGA@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	BQBPJ7513H
Passport Number	
Aadhar Number	954302515712
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9315648004
Date of Birth	08-10-1993
Age	31
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.	COMPUTER SCIENCE AND ENGINEERING	2015	V V COLLEGE OF ENGINEERING	ANNA UNIVERSITY	81	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2017	V V COLLEGE OF ENGINEERING	ANNA UNIVERSITY	83	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
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-10-2020	31-07-2021	0	9	22
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-08-2022	07-06-2024	1	10	5
			Total	2	7	1

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. GERSHOM IMMANUEL PAUL J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	96, MARGOSCHIS ROAD
Line 2	NAZARETH
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 8870678916
Email	GERSHOM@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	DTLPG2067L
Passport Number	
Aadhar Number	687005599138
Faculty code given by C.O.E.	9534232
Faculty code given by A.I.C.T.E.	43354750417
Date of Birth	12-09-1997
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.SC.	OTHERS - MATHS	2018	OTHERS - NAZARETH COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	72	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHS	2020	OTHERS - NAZARETH COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	78	DISTINCTION	

* 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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	21-11-2022	12-06-2024	1	6	22
			Total	1	6	25

V. Industrial Experience :

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

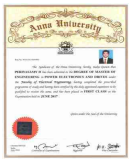
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	M.E.-POWER ELECTRONICS AND DRIVES
Name of the faculty member	MR. PERIYASAMY D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	50/45,VISVA NATHA THOSS NAGAR
Line 2	THISAYANVILAI
District	TIRUNELVELI
Telephone number	04327 - 239301
Mobile number	+91 - 9095826949
Email	PERIYASAMYDEVADAS@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	DAUPP4607R
Passport Number	
Aadhar Number	354287450162
Faculty code given by C.O.E.	9633230
Faculty code given by A.I.C.T.E.	13566993073
Date of Birth	11-01-1994
Age	30
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2015	V V COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.3	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2017	V V COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.5	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
IMAYAM COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	28-06-2017	21-03-2020	2	8	24
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-04-2023	07-06-2024	1	1	20
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-01-2021	31-07-2021	0	6	14
ROHINI COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	01-09-2021	13-06-2022	0	9	13
			Total	5	2	13

V. Industrial Experience :

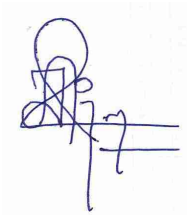
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

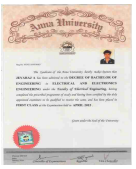
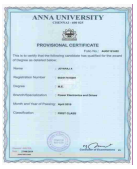
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)

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

Signature of the Faculty :



Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. JEYARAJ A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4, DANIEL STREET
Line 2	NAZARETH
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9487768921
Email	JEYSRIRAAM@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BJHPJ8613H
Passport Number	
Aadhar Number	783329228753
Faculty code given by C.O.E.	9627140
Faculty code given by A.I.C.T.E.	17354703980
Date of Birth	05-05-1994
Age	30
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2015	V V COLLEGE OF ENGINEERING	ANNA UNIVERSITY	66.3	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2019	V V COLLEGE OF ENGINEERING	ANNA UNIVERSITY	83.6	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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-08-2022	07-06-2024	1	10	5
UNIVERSAL COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-01-2020	11-07-2022	2	6	10
			Total	4	4	18

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. RAMAKRISHNAN P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1551 MAIN ROAD
Line 2	THISAIYANVILAI,627657
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9578810030
Email	RAMAKRISHNANMAILME@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BUSPR0951E
Passport Number	
Aadhar Number	316343166650
Faculty code given by C.O.E.	9627101
Faculty code given by A.I.C.T.E.	13719908115
Date of Birth	07-03-1988
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2010	JAYARAJ ANNAPACKIAM CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2012	JOE SURESH ENGINEERING COLLEGE	ANNA UNIVERSITY	72	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) ***	

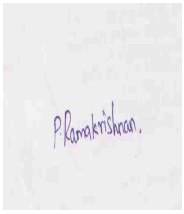
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
A R COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	27-06-2012	06-12-2017	5	5	10
UNIVERSAL COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	18-12-2017	06-07-2022	4	6	20
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	12-08-2022	07-06-2024	1	9	27
			Total	11	9	2

V. Industrial Experience :

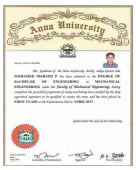
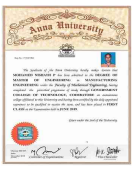
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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)

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

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. MOHAMED NISHATH P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NORTH STREET
Line 2	KALAKAD 627501
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 8870506527
Email	PMDNISHATH@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	EZMPM7263N
Passport Number	
Aadhar Number	626529280811
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7779413638
Date of Birth	30-07-1996
Age	28
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	2017	V V COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.53	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2019	GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	ANNA UNIVERSITY	8.33	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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-07-2022	06-02-2024	1	6	11
GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	OTHERS - HOURLY BASED LECTURER	01-06-2017	21-06-2019	2	0	21
ANNA UNIVESITY REGIONAL CAMPUS,TIRUNELVELI	OTHERS - HOURLY BASED LECTURER	01-03-2022	26-07-2022	0	4	26
GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	OTHERS - TEACHING RESEARCH ASSOCIATE	01-01-2020	28-02-2022	2	1	31
			Total	6	1	29

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. ANTONY ALEX RAJA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	14G, VETRIVILAI ROAD
Line 2	TISAIYANVILAI,627657
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9791433387
Email	ER.KMALEX@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BLGPA9926B
Passport Number	
Aadhar Number	829076463937
Faculty code given by C.O.E.	9632107
Faculty code given by A.I.C.T.E.	12190274923
Date of Birth	12-01-1985
Age	39
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	RAJAS ENGINEERING COLLEGE	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2012	LORD JEGANNATH COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.6	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
PET ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-07-2013	30-06-2022	8	11	29
OTHERS - PASTOR NENSSEN POLYTECHNIC COLLEGE KUTHENKULY	OTHERS - LECTURER	03-06-2009	30-07-2010	1	1	27
JAYAMATHA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-07-2012	28-06-2013	0	11	27
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-07-2022	12-06-2024	1	11	12
			Total	13	1	7

V. Industrial Experience :	

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
GSM INSPECTION SERVICES	QC INSPECTOR	NDT SURVEY	05-05-2005	30-06-2006	1	1	27
				Total	1	1	27

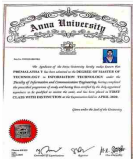
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. PREMALATHA T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6/136, MIDDLE STREET, KALVOY POST
Line 2	THOOTHUKUDI DIST, 628622
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 6380599488
Email	PREMALATHA@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	EAJPP2123L
Passport Number	
Aadhar Number	323829326081
Faculty code given by C.O.E.	9534250
Faculty code given by A.I.C.T.E.	19321788513
Date of Birth	05-01-1996
Age	28
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.TECH.	INFORMATION TECHNOLOGY	2017	JAYARAJ ANNAPACKIAM CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.2	FIRST CLASS	
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2020	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.8	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
ST MOTHER THERESA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	29-09-2023	30-04-2024	0	7	2
DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-01-2021	13-07-2021	0	5	27
PSN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-11-2021	03-03-2022	0	3	24
EINSTEIN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	07-03-2022	18-07-2022	0	4	12
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-05-2024	12-06-2024	0	1	11
			Total	1	10	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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MS. JESARIN BERO ANGEL J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	303-B VETERINARY HOSPITAL WEST STREET
Line 2	TISAIYANVILAI 627657
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 8610773074
Email	JESARIN@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	FHCPA0745N
Passport Number	NIL
Aadhar Number	222118024927
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	25-04-1999
Age	25
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.A.	ENGLISH	2019	OTHERS - LADY DOAK COLLEGE MADURAI	MADURAI KAMARAJ UNIVERSITY	58	SECOND CLASS	
P.G.	OTHERS - M A	OTHERS - ENGLISH	2021	OTHERS - ST JOHNS COLLEGE PALAYAM KOTTAI	MANOMANIAM SUNDARNAR UNIVERSITY	87.6	DISTINCTION	

* 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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-08-2023	07-06-2024	0	10	5
			Total	0	10	10

V. Industrial Experience :

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

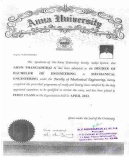
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. ARUN THANGDURAI A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	700A 4TH NORTH STREET, THIYAGARAJA NAGAR
Line 2	TIRUNELVELI 627011
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9965670911
Email	ARUNTHANGADURAI@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BCUPA1814P
Passport Number	
Aadhar Number	435256326598
Faculty code given by C.O.E.	9534168
Faculty code given by A.I.C.T.E.	2904442111
Date of Birth	16-11-1989
Age	35
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	2013	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2015	V V COLLEGE OF ENGINEERING	ANNA UNIVERSITY	80	FIRST CLASS	

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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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-12-2015	12-06-2024	8	6	11
INFANT JESUS COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2015	01-12-2015	0	5	1
			Total	8	11	17

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. MUNIA SELVAN L
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	22 NORTH STREET RAMASAMY PURAM
Line 2	TIRUCHENDUR
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9965818931
Email	MUNIASELVAN@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	BFVPM3581B
Passport Number	
Aadhar Number	434611062462
Faculty code given by C.O.E.	9534015
Faculty code given by A.I.C.T.E.	478548509
Date of Birth	18-01-1986
Age	38
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2007	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	66	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2010	SRI SIVASUBRAMANIYA NADAR COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	75	DISTINCTION	

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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
ANNAI TERESA COLLEGE OF ENGINEERING	OTHERS - LECTURER	28-06-2010	31-05-2011	0	11	3
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2011	07-06-2024	13	0	7
			Total	13	11	15

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)

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

Signature of the Faculty : 

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. WALTE R J T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/14 SCHOOL STREET
Line 2	MEGNANAPURAM 628210
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9047987254
Email	WALTE@VVCOE.ORG
Gender	MALE
Community	BC
PAN Number	ACHPW7342Q
Passport Number	
Aadhar Number	418613318696
Faculty code given by C.O.E.	9534112
Faculty code given by A.I.C.T.E.	2282314314
Date of Birth	10-12-1988
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.	CIVIL ENGINEERING	2010	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	74.43	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2014	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.6	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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-06-2014	07-06-2024	9	11	20
JAYARAJ ANNAPACKIAM CSI COLLEGE OF ENGINEERING	OTHERS - LECTURER	10-10-2011	15-09-2012	0	11	6
			Total	10	10	2

V. Industrial Experience :	

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
MABANI STEEL LLC UAE	DESIGN AND ESTIMATING ENGINEER	DESIGN AND ESTIMATION	08-08-2010	15-07-2011	0	11	8
				Total	0	11	12

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)

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

Signature of the Faculty :

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MS. DURKA JANANI A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	60 PULIYADI STREET
Line 2	TISAIYANVILAI 627657
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 8883793158
Email	DURKA@VVCOE.ORG
Gender	FEMALE
Community	BC
PAN Number	FYHPD5320Q
Passport Number	
Aadhar Number	511193309023
Faculty code given by C.O.E.	9534226
Faculty code given by A.I.C.T.E.	43354599283
Date of Birth	02-08-1998
Age	26
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.	CIVIL ENGINEERING	2020	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.76	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2022	MEPCO SCHLENK ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.37	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
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	20-07-2022	07-06-2024	1	10	19
			Total	1	10	24

V. Industrial Experience :

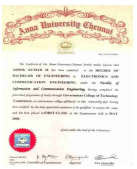
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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)

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

Name of the College	9534 - V V COLLEGE OF ENGINEERING
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. ASHOK KUMAR M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/98,MELA AUTHOOR
Line 2	AUTHOOR
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9894549524
Email	ASHGCT@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BMFPA3492L
Passport Number	5648585
Aadhar Number	682785628112
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	4670254545
Date of Birth	04-05-1986
Age	38
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2008	GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	ANNA UNIVERSITY	67.6	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2011	GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	ANNA UNIVERSITY	80.9	DISTINCTION	

* 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
SCAD COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	24-01-2019	18-01-2024	4	11	26
V V COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	06-03-2024	12-06-2024	0	3	7
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-12-2011	25-05-2018	6	5	24
			Total	11	8	1

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)

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

Signature of the Faculty :