







Anna University, Chennai
Immanuel Arasar JJ College of Engineering - 9607

13. Faculty

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	308507
Name of the Department	AERONAUTICAL ENGINEERING
Name of the Degree & Course	B.E.-AERONAUTICAL ENGINEERING
Name of the faculty member	DR. MURUGA LAL JEYAN JV
Regular Or Adjunct	Regular
Image	
Present Designation	PRINCIPAL
Residential Address Line 1	IV-06-120 SANJEEVANI, DEVI NAGAR, KALLUKETTY, KUZHITHURAI
Line 2	MARTHANDAM, 629163
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9894320307
Email	JVMLAL@YMAIL.COM
Gender	MALE
Community	BC
PAN Number	AYUPM1422C
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2415642374
Date of Birth	20-06-1983
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.E.	MECHANICAL ENGINEERING	2004	C.S.I. INSTITUTE OF TECHNOLOGY	MANOMANIAM SUNDARAR UNIVERSITY	82	FIRST CLASS	
P.G.	M.E.	AERONAUTICAL ENGINEERING	2006	PARK COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	85	FIRST CLASS	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2015	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	YES		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

AERODYNAMIC DESIGN FABRICATION AND ANALYSIS OF FLOW ANALYZER FOR VARIOUS FLOW CHARACTERISTICS

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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	PRINCIPAL	02-03-2020	28-11-2024	4	8	27
Total				4	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 :




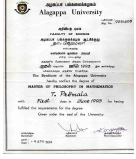
Capacity at which service is extended for the conduct of Examination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
20	1	60	20000	3000

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

Signature of the Faculty : 

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	311345
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. PREMALA T
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	12-113A, PULLU VILAI, VAVARAI
Line 2	S.T MANKAD,629172
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9442711509
Email	PRAM.FRANCIS@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AJOPP2065P
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-443775191
Date of Birth	30-05-1969
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.SC.	OTHERS - MATHEMATICS	1990	OTHERS - STJUDES COLLEGE	MADURAI KAMARAJ UNIVERSITY	83.5	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	1992	OTHERS - NMCC	MANOMANIAM SUNDARANAR UNIVERSITY	79.6	FIRST CLASS	
PH.D.	PH.D.	OTHERS - MATHEMATICS	2017	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARANAR UNIVERSITY	YES		
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MATHEMATICS	1993	OTHERS - ALAGAPPA UNIVERSITY	ALAGAPPA 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

TYPES OF DOMINATING SETS

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
NARAYANAGURU COLLEGE OF ENGINEERING	PROFESSOR	20-02-2019	31-08-2023	4	6	9
C.S.I. INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	19-07-1996	31-07-2018	22	0	13
IMMANUEL ARASAR COLLEGE OF ARCHITECTURE	PROFESSOR	02-01-2025	23-01-2025	0	0	22
GOOD SHEPHERD COLLEGE OF ENGINEERING AND TECHNOLOGY	PROFESSOR	01-09-2023	31-12-2024	1	3	30
Total				27	11	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 Examination during the last year




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
	2		500	100

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

Signature of the Faculty :



Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	313991
Name of the Department	OTHERS - AGRICULTURE
Name of the Degree & Course	B.TECH.-AGRICULTURAL ENGINEERING
Name of the faculty member	DR. CHANDRASEKHAR CN
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	52/24, GOPAL LAYOUT, PONNAYARAJAPURAM, COIMBATORE
Line 2	641001
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9486418694
Email	SARVENDHRA@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ABWPC6434H
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44789344604
Date of Birth	27-03-1964
Age	61
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 - AGRICULTURE	1985	OTHERS - TAMILNADU AGRICULTURAL UNIVERSITY	TAMIL NADU AGRICULTURAL UNIVERSITY	3.51	FIRST CLASS	
P.G.	M.SC.	OTHERS - CROP PHYSIOLOGY	1989	OTHERS - TAMILNADU AGRICULTURAL UNIVERSITY	TAMIL NADU AGRICULTURAL UNIVERSITY	4.0	FIRST CLASS	
PH.D.	PH.D.	OTHERS - CROP PHYSIOLOGY	2004	OTHERS - TAMILNADU AGRICULTURAL UNIVERSITY	TAMIL NADU AGRICULTURAL UNIVERSITY	9.69		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

STUDIES ON THE EFFECTS OF HIGH MOISTURE STRESS IN CHILLIES AND THEIR MANAGEMENT

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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	PROFESSOR	04-06-2024	31-01-2025	0	7	27
Total				0	7	0

V. Industrial Experience :

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

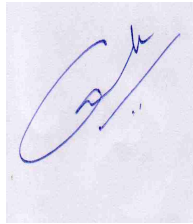
VI. C.O.E. Appointment Experience :


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


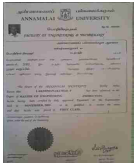

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	309551
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	M.E.-CAD/CAM
Name of the faculty member	DR. LAKSHMANA KUMAR P
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	8, SN LAYOUT
Line 2	EDAYARPAYAM
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 8148655643
Email	PLKOOTY@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AFUPL3046E
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-435203295
Date of Birth	25-01-1978
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.	PRODUCTION ENGINEERING	1999	GOVERNMENT COLLEGE OF TECHNOLOGY COIMBATORE (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	66.6	FIRST CLASS	
P.G.	M.E.	PRODUCTION ENGINEERING	2002	ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	7.45	FIRST CLASS	
PH.D.	PH.D.	INDUSTRIAL SAFETY ENGINEERING	2021	OTHERS - KARPAGAM ACADEMY OF HIGHER EDUCATION	OTHERS - KARPAGAM ACADEMY OF HIGHER EDUCATION	85		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

INVESTIGATIONS ON SAFETY MANAGEMENT ASPECTS IN STEEL INDUSTRIES

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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	PROFESSOR	10-06-2024	29-11-2024	0	5	20
JCT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSOCIATE PROFESSOR	10-06-2023	10-06-2024	1	0	1
KARPAGAM COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSOCIATE PROFESSOR	07-01-2002	09-06-2023	21	5	3
Total				22	10	29

V. Industrial Experience :

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

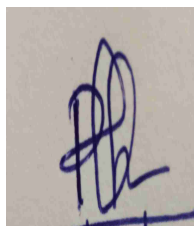
VI. C.O.E. Appointment Experience :


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)
7		3		

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

Signature of the Faculty :



Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	309183
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	DR. THARMARAJ T
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	19/7A1 MULLANCHERY
Line 2	MULANKUZHI, 629162
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9442054845
Email	TRAJTR@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AFAPT1181L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-9598880757
Date of Birth	15-01-1977
Age	47
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	1997	OTHERS - AVC	MANOMANIAM SUNDARAN UNIVERSITY	70	FIRST CLASS	
P.G.	OTHERS - M.PHIL	MATHEMATICS	2000	OTHERS - ADITANAR	MANOMANIAM SUNDARAN UNIVERSITY	54	SECOND CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	1999	OTHERS - NMC	MANOMANIAM SUNDARAN UNIVERSITY	60	FIRST CLASS	
PH.D.	PH.D.	MATHEMATICS	2015	OTHERS - NMC	MANOMANIAM SUNDARAN UNIVERSITY	80		

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

GRAPH LABELLING AN ADVANCED STUDY

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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	PROFESSOR	29-06-2015	29-11-2024	9	5	1
UDAYA SCHOOL OF ENGINEERING	ASSISTANT PROFESSOR	01-08-2002	26-06-2015	12	10	26
Total				22	3	29

V. Industrial Experience :

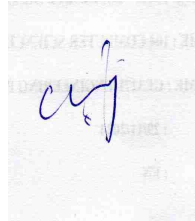
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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)
6			300	50

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



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	308524
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. JENCY LAL
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	IV-06-20, SANJEEVANI, KALLUKETTY,
Line 2	KUZHITHURAI,629163
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9495329921
Email	JENCYMLAL@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CNDPM8965Q
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2145268791
Date of Birth	09-05-1989
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 SCIENCE AND ENGINEERING	2011	OTHERS - NATIONAL COLLEGE OF ENGINEERING	ANNA UNIVERSITY	80	FIRST CLASS	
P.G.	M.TECH.	OTHERS - AEROSPACE ENGINEERING AVIONICS	2013	OTHERS - JAIN UNIVERSITY	OTHERS - JAIN UNIVERSITY	86	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
SATYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	12-08-2013	31-12-2017	4	4	20
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	04-01-2023	28-11-2024	1	10	25
Total				6	3	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)
		15	500	200

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

Signature of the Faculty :



Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	314014
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-TAMIL
Name of the faculty member	DR. SUMATHI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	52/24, GOPAL LAYOUT, PONNAIYARAJAPURAM, COIMBATORE
Line 2	641001
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9486918694
Email	SARVENDHRA@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ESCPS5663B
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44789643457
Date of Birth	24-05-1971
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.A.	OTHERS - TAMIL	1994	OTHERS - AVINASHI LINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN DEEMED UNIVERSITY	OTHERS - AVINASHI LINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN	7.6	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - TAMIL	1999	OTHERS - AVINASHI LINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN	OTHERS - AVINASHI LINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN	8.3	FIRST CLASS	
PH.D.	PH.D.	OTHERS - TAMIL	2006	OTHERS - AVINASHI LINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN	OTHERS - AVINASHI LINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN	YES		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

TIRAI PADANGALIL PENGAL NILAI
VELIPPADU

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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	04-06-2024	31-01-2025	0	7	27
OTHERS - SRI RAMALINGA SOWDAMBIGAI COLLEGE OF SCIENCE AND COMMERCE	ASSOCIATE PROFESSOR	02-06-2008	13-04-2010	1	10	12
Total				2	6	12

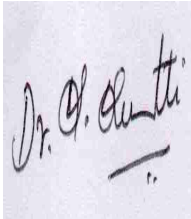
V. Industrial Experience :


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

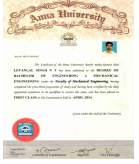

VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

Signature of the Faculty : 

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	310225
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. LEVANLAL SINGH N T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3-27,KUTHIRAI PANTHI VILAI
Line 2	MATHAR,TIRUVATTAR POST,629177
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 7639095771
Email	LEEVAN10693@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AJMPL2491H
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-4255281110
Date of Birth	10-06-1993
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.	MECHANICAL ENGINEERING	2014	VINS CHRISTIAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	79	FIRST CLASS	
P.G.	M.E.	THERMAL ENGINEERING	2018	MARIA COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA 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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-12-2023	04-12-2024	1	0	1
Total				1	0	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)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in blue ink, appearing to be 'Jenny #', is centered within a rectangular box.

Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	310264
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. RAMESH R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4-134A , PALLAPALLI, MEKKAMANDAPAM
Line 2	THUCKALAY, 629166
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9566628694
Email	RAMESHR014@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BPTPR0882N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44732954904
Date of Birth	30-08-1990
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2012	C.S.I. INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2015	JAMES COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	82	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
BETHLAHEM INSTITUTE OF ENGINEERING	ASSISTANT PROFESSOR	04-07-2017	30-12-2022	5	5	27
SATYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	04-01-2023	28-11-2024	1	10	25
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-12-2024	04-12-2024	0	0	3
Total				7	4	27

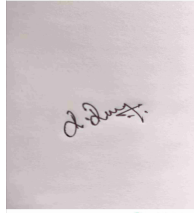
V. Industrial Experience :

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	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	310480
Name of the Department	ROBOTICS AND AUTOMATION
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. JUSTUS AR
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	14/175 VATTAVILAI VEEDU CHITHARAL P.O
Line 2	MARTHANDAM, 629151
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 8778983487
Email	JUSTUSJUS12@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AUCPJ1488K
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-4351564784
Date of Birth	25-05-1989
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.	MECHANICAL ENGINEERING	2013	LORD JEGANNA TH COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	6.9	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2015	IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.4	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-07-2015	06-12-2024	9	5	6
Total				9	5	8

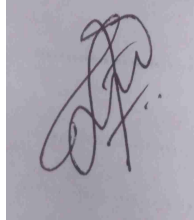
V. Industrial Experience :

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



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	299489
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MS. RENITHA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4-231, SARADHA NAGAR, PARVATHIPURAM
Line 2	NAGERKOVIL, 629003
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 7598519810
Email	PONCYRENITHA@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BVLPR3443P
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-7537107761
Date of Birth	24-06-1992
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	2014	SATYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	83.4	FIRST CLASS	
P.G.	M.E.	COMPUTER AIDED DESIGN	2016	SRI VENKATESWARA COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	78	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
SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	03-07-2017	31-05-2018	0	10	29
AMRITA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2018	21-05-2019	0	11	21
Total				1	10	25

V. Industrial Experience :

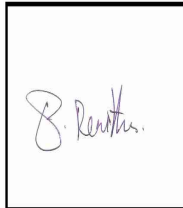
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	298717
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MRS. JARLIN MINIJA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	VADALIKOOTAM
Line 2	VIRICODE 629165
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9445116415
Email	JARLINMINIJA11@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BHYPJ9998Q
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-3656204369
Date of Birth	11-01-1993
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.A.	ENGLISH	2014	OTHERS - SCOTT CHRISTIAN COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	59	SECOND CLASS	
P.G.	OTHERS - M A	OTHERS - ENGLISH	2016	OTHERS - SCOTT CHRISTIAN COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	64	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	ENGLISH	2017	OTHERS - SCOTT CHRISTIAN COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	70	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	11-12-2017	18-11-2024	6	11	8
Total				6	11	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

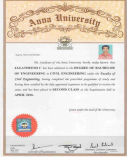

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	310236
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. JAGATHESH C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	21/78,PARUTHI VILLAI, ATHANCODE
Line 2	ST MANKAD POST,629172
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9789106913
Email	JAGATHEESH0406@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AXQPJ5147E
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-5125301000
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.E.	CIVIL ENGINEERING	2016	MARTHAN DAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	59.5	SECOND CLASS	
P.G.	M.E.	CONSTRUCTION ENGINEERING AND MANAGEMENT	2018	JAMES COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	77.9	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
BETHLAHEM INSTITUTE OF ENGINEERING	ASSISTANT PROFESSOR	04-08-2020	05-11-2022	2	3	2
Total				2	3	3

V. Industrial Experience :

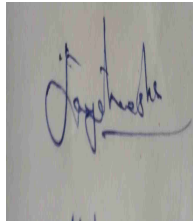
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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

A handwritten signature in blue ink, appearing to read "Jagadeesh", is written on a light-colored background.

Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	312814
Name of the Department	BIO-MEDICAL
Name of the Degree & Course	B.E.-BIOMEDICAL ENGINEERING
Name of the faculty member	MS. DHANYA P RAJ
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	ROSE COTTAGE, ALUNINNAKUZHI, KANNARAVILA, NELLIMOODU POST,
Line 2	TRIVANDRUM,695524
District	OTHERS - TRIVANDRUM
Telephone number	-
Mobile number	+91 - 9495404484
Email	DHANYAPRAJ2011@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CBAPP2534B
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2456713425
Date of Birth	11-05-1995
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.TECH.	OTHERS - ECE	2016	OTHERS - TRINITY COLLEGE OF ENGINEERING	OTHERS - KERALA UNIVERSITY	61	SECOND CLASS	
P.G.	M.TECH.	OTHERS - BIO MEDICAL ENGINEERING	2019	OTHERS - VELLORE INSTITUTE OF TECHNOLOGY	OTHERS - VIT	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-03-2023	28-01-2025	1	10	28
Total				1	10	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)
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It is certified that all the information provided are true to the best of my knowledge.

A small, square, light-colored image containing a handwritten signature in black ink. The signature is cursive and appears to be the name 'J. Lang'.

Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	313756
Name of the Department	BIO-MEDICAL
Name of the Degree & Course	B.E.-BIOMEDICAL ENGINEERING
Name of the faculty member	MRS. ANISHA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5-6B1,AYENI VILAI,ANANCHICODE,KARUNGAL POST
Line 2	629157
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9043315834
Email	ANUANISHA17@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BJMPA5998R
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-4215783642
Date of Birth	06-02-1996
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.	CIVIL ENGINEERING	2017	BETHLAHEM INSTITUTE OF ENGINEERING	ANNA UNIVERSITY	7.2	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2019	IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.9	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-04-2019	04-06-2022	3	2	3
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-01-2025	30-01-2025	0	0	29
Total				3	3	3

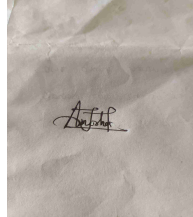
V. Industrial Experience :

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



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	313777
Name of the Department	FOOD TECHNOLOGY
Name of the Degree & Course	B.TECH.-FOOD TECHNOLOGY
Name of the faculty member	MRS. MARSLIN RENISHA M A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	31-62, MALLAN VILAI, THIRUVITHANCODE
Line 2	629174
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 8220659421
Email	REHISHAHR@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CHCPM4589F
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-4589712553
Date of Birth	08-01-1996
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.	CIVIL ENGINEERING	2017	VINS CHRISTIAN WOMEN'S COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.14	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2020	IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.04	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-01-2025	30-01-2025	0	0	4
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	12-02-2020	30-06-2022	2	4	18
Total				2	4	24

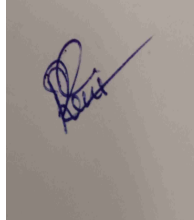
V. Industrial Experience :

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**

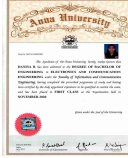

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	261385
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. DANIYA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1-144, VIRALI VILAI, EZHUDESAM, VILAVANCODE
Line 2	KIRATHUR
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9025280771
Email	DANIYARAJAMONY@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	GHUPR4227P
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1503749921
Date of Birth	17-02-1999
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2020	VINS CHRISTIAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.27	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2022	MAR EPHRAEM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	9.41	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
ARUNACHALA HITECH ENGINEERING COLLEGE (FORMERLY LOURDES MOUNT COLLEGE OF ENGINEERING AND TECHNOLOGY)	ASSISTANT PROFESSOR	17-03-2023	24-04-2024	1	1	8
Total				1	1	8

V. Industrial Experience :

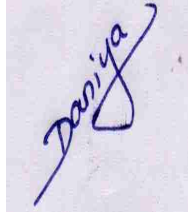
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


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

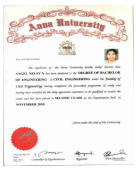
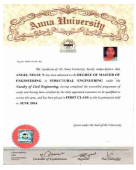
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	262436
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. ANGEL NELSY NELSON
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	10-118, ROSE HOUSE, KUZHAVILAI, KUZHITHURAI
Line 2	VILAVANCODE,629163
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9442686059
Email	ANGELNELSY@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BKZPA2583A
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-3361406901
Date of Birth	03-06-1975
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.	CIVIL ENGINEERING	2010	SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	65	SECOND CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2014	C.S.I. INSTITUTE OF TECHNOLOGY	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	14-10-2014	24-12-2018	4	2	11
Total				4	2	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)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	310156
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SURESH M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9-162,ELIAN VILAI,KOLLAI
Line 2	THICKANAMCODE,629804
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9677323803
Email	MSURESHMECH87@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DRAPS3512M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-5125301000
Date of Birth	13-05-1987
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.E.	MECHANICAL ENGINEERING	2010	VINS CHRISTIAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2013	M.I.E.T. ENGINEERING COLLEGE (AUTONOMOUS)	ANNA 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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-12-2023	04-12-2024	1	0	1
Total				1	0	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 :

A handwritten signature in blue ink, appearing to read "R. S. K.", is centered within a rectangular box.

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	310169
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. VINU V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9-118,GNANADHASAPURM
Line 2	ESANTHIMANGALAM POST,629852
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9655298762
Email	VINUVINU021@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ARFPV3529B
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44732218174
Date of Birth	18-07-1993
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.	CIVIL ENGINEERING	2015	DMI ENGINEERING COLLEGE	ANNA UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	CONSTRUCTION ENGINEERING AND MANAGEMENT	2017	JAMES COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA 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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-12-2023	04-12-2024	1	0	1
Total				1	0	1

V. Industrial Experience :

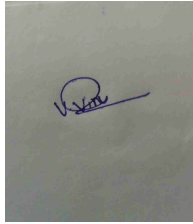
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


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

Signature of the Faculty :

A small, square, grey-tinted image showing a handwritten signature in blue ink. The signature is cursive and appears to be the name 'V. S. K.' followed by a horizontal line.

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	307895
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. VIJILA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	111/123, PANAVALAI, MADICAL
Line 2	VILAVANCODU, 629163
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9442871059
Email	VIJILAA83@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CCKPA7473H
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44726829393
Date of Birth	10-06-1983
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 - MATHEMATICS	2003	OTHERS - SREE DEVI KUMARI WOMENS COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	67	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2014	OTHERS - MUSILM ARTS COLLEGE	MANOMANIAM SUNDARAN 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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-07-2022	28-11-2024	2	4	28
Total				2	4	0

V. Industrial Experience :

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

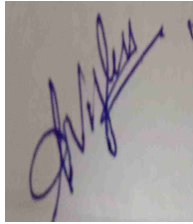
VI. C.O.E. Appointment Experience :


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

Signature of the Faculty :

A handwritten signature in blue ink, appearing to be 'S. J. Khan', is written on a light-colored background. The signature is cursive and includes a long horizontal stroke at the end.

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	310325
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MRS. AGALYA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/102,SUBRAMAIYAN BARATHI STREET
Line 2	M A NAGAR,RED HILLS,600052
District	TIRUVALLUR
Telephone number	-
Mobile number	+91 - 9790952253
Email	AGALYA.MM92@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BLFPA6006B
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1193137300
Date of Birth	10-12-1992
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.	CIVIL ENGINEERING	2014	MAGNA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	78.9	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2016	PONJESLY COLLEGE OF ENGINEERING	ANNA UNIVERSITY	89.9	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-12-2023	05-12-2024	1	0	2
Total				1	0	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.

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	309221
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MRS. SONIA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6/42B BETHELVILAI DEVICODU
Line 2	UDHAYAMARTHANDAM, 629178
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9094857691
Email	DANIYABLESSY@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DVBPK4188N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44726830883
Date of Birth	22-05-1986
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.SC.	OTHERS - PHYSICS	2006	OTHERS - LPC	MANOMANIAM SUNDARANAR UNIVERSITY	59	SECOND CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2008	OTHERS - VHNSM	MADURAI KAMARAJ UNIVERSITY	65	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2023	29-11-2024	1	0	29
Total				1	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)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	307680
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. BABY SHAMINI B K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6/ 100A, SHILOH, RC STREET
Line 2	KALIYAKKAVILAI, 629153
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9442004075
Email	SHAMINISISIL@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	GNBPS8819D
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44726830557
Date of Birth	31-07-1990
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.	CIVIL ENGINEERING	2012	C.S.I. INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	7.25	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2014	C.S.I. INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	8.07	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-07-2014	28-11-2024	10	4	27
Total				10	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)
7				

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



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	310404
Name of the Department	ROBOTICS AND AUTOMATION
Name of the Degree & Course	B.E.-ROBOTICS AND AUTOMATION
Name of the faculty member	MR. ARUL PRASATH A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	15-8, PANTHAL VILAI
Line 2	KANNANORE POST,629158
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9600950980
Email	ARUNPRSTH01@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BUYPA7817C
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-5125301000
Date of Birth	27-12-1993
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.	AUTOMOBILE ENGINEERING	2015	NOORUL ISLAM COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - NOORUL ISLAM UNIVERSITY	77.9	FIRST CLASS	
P.G.	M.E.	THERMAL ENGINEERING	2017	MARIA COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	78.8	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
MARIA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	05-06-2017	04-03-2019	1	8	30
Total				1	8	4

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



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	300982
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SUJIN T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	19-21, POTHAVILAI,PILANKALAI
Line 2	629167
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 7708512278
Email	SUJINT1989@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	GQNPS3642M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-9590233020
Date of Birth	08-04-1989
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	2012	NOORUL ISLAM COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - NOORUL ISLAM UNIVERSITY	69	FIRST CLASS	
P.G.	M.E.	ENERGY ENGINEERING	2014	ST. XAVIER'S CATHOLIC COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA 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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	07-06-2021	15-11-2023	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 Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	308004
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MRS. AUSHLIN JUSTINA J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	21/182C, POTTAI VEEDU, THOTTAVARUM
Line 2	PUTHUKADAI, 629171
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 7010863450
Email	ASHURAJSH68@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	EGZPR1177M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2345698083
Date of Birth	12-03-1992
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.A.	ENGLISH	2012	OTHERS - ST JUDES COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	59	SECOND CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2021	OTHERS - NMCC	MANOMANIAM SUNDARNAR UNIVERSITY	65	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	07-09-2023	28-11-2024	1	2	22
Total				1	2	23

V. Industrial Experience :

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

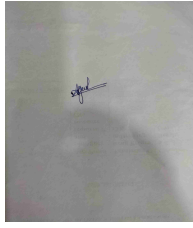
VI. C.O.E. Appointment Experience :

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

Signature of the Faculty :



Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	299115
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. PRABA ST
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	18/26A, CHEMPONVILAI POST
Line 2	CHOLACHEL,629804
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 6379243515
Email	PRABACHARLES323@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	GKIPP4490M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-12822363
Date of Birth	11-06-1990
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.SC.	OTHERS - MATHEMATICS	2010	OTHERS - ANNAI VELANKANNI COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	65	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2013	OTHERS - ANNAI VELANKANNI COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	65	FIRST CLASS	
P.G.	OTHERS - MPHIL	OTHERS - MATHEMATICS	2015	OTHERS - SIVANDHI AADHITHANAR ARTS AND SCIENCE COLLEGE	MANOMANIAM SUNDARNAR 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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2015	19-11-2024	9	5	19
Total				9	5	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)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	299447
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MRS. JEBAMALAR P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	AAYAN VILAI, NATTALAM
Line 2	629165
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9489469070
Email	JEBAMALAR2202@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AWVPJ7801R
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-43421968362
Date of Birth	22-02-1994
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 - CHEMISTRY	2014	OTHERS - ST HINDU COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	77.6	DISTINCTION	
P.G.	OTHERS - M.PHIL	OTHERS - CHEMISTRY	2017	OTHERS - MANONMANIAM SUNDARNAR UNIVERSITY	MANOMANIAM SUNDARNAR UNIVERSITY	70.25	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2016	OTHERS - RANI ANNA GOVERNMENT COLLEGE FOR WOMEN	MANOMANIAM SUNDARNAR UNIVERSITY	70.2	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-08-2024	19-11-2024	0	3	15
Total				0	3	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)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	299598
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. SHALINI I
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	10/91/1, KOVILVILAI, KEEZHKULAM POST
Line 2	MARTHANDAM,629193
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 8098738230
Email	SHALINIISRABEL1310@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AQFPI3491J
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44727001223
Date of Birth	13-10-1999
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.E.	CIVIL ENGINEERING	2020	ARUNACHALA HITECH ENGINEERING COLLEGE (FORMERLY LOURDES MOUNT COLLEGE OF ENGINEERING AND TECHNOLOGY)	ANNA UNIVERSITY	68	SECOND CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2023	UDAYA SCHOOL OF ENGINEERING	ANNA UNIVERSITY	78	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
ARUNACHALA HITECH ENGINEERING COLLEGE (FORMERLY LOURDES MOUNT COLLEGE OF ENGINEERING AND TECHNOLOGY)	ASSISTANT PROFESSOR	14-08-2023	30-11-2023	0	3	18
Total				0	3	19

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
OPTMIST BUILDERS	DESIGNER	SITE SUPERVISION	09-11-2020	09-11-2021	1	0	1
Total					1	0	1

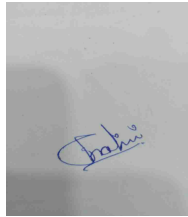
VI. C.O.E. Appointment Experience :


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

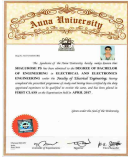

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)

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

Signature of the Faculty :



Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	299630
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. SHALU ROSE P S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2-127A, VAYAKARAI, VAZHAVILAI
Line 2	KAPPIYARAI, 629156
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9150543468
Email	SHALUROSEPS96@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	LZLPS7335D
Passport Number	
Faculty code given by C.O.E.	9607174
Faculty code given by A.I.C.T.E.	1-8623201000
Date of Birth	30-10-1996
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2017	GOVERNMENT COLLEGE OF ENGINEERING BODIYANA YAKKANUR	ANNA UNIVERSITY	72.2	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2019	ST. XAVIER'S CATHOLIC COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	87.1	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
SIVAJI COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2019	21-10-2021	2	3	21
Total				2	3	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)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	299895
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. PAUL SHALINI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	17/10-1, PAITANKALAVILLAI,
Line 2	KALLANKUZHI POST
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 7010649473
Email	SHALINIDB7125@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	EYJPP9053F
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-4834644334
Date of Birth	17-03-1993
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2016	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	83.4	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2018	IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ANNA UNIVERSITY	84.7	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	12-06-2018	20-11-2024	6	5	9
Total				6	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**

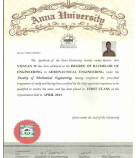

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	300769
Name of the Department	AERONAUTICAL ENGINEERING
Name of the Degree & Course	B.E.-AERONAUTICAL ENGINEERING
Name of the faculty member	MR. VIJAYAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	16/185A,KAVADIYAN THOTTAM,KOZHIVILAI
Line 2	KUZHICODE,629167
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 8939738974
Email	VIJAYAERO1990@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AQVPV9905C
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-43371232221
Date of Birth	08-10-1990
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.	AERONAUTICAL ENGINEERING	2013	TAMIZHAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2015	UDAYA SCHOOL OF ENGINEERING	ANNA UNIVERSITY	69	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
TAMIZHAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2015	31-05-2018	2	11	30
Total				3	0	0

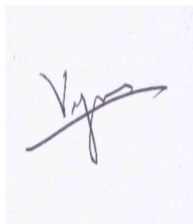
V. Industrial Experience :

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

A handwritten signature in black ink, appearing to be 'Vijay', written on a light blue background.

Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	300823
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. SHINY G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	25/4, NEDIYA VILAI, PALOD4E, VILAVANCODE, IRENIPURAM
Line 2	629162
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 7094420844
Email	SHINYGNANARAJ93@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DWDPS2269M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44727001521
Date of Birth	30-06-1993
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	BETHLAHEM INSTITUTE OF ENGINEERING	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2017	BETHLAHEM INSTITUTE 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
BETHLAHEM INSTITUTE OF ENGINEERING	ASSISTANT PROFESSOR	07-01-2019	14-05-2021	2	4	8
Total				2	4	10

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
JOHNSON TELEMARKETING	ACCOUNT DEPARTMENT	ACCOUNTANT	18-06-2018	31-12-2018	0	6	13
SURESH TRADERS	ACCOUNT DEPARTMENT	ACCOUNTANT	05-07-2021	08-12-2023	2	5	4
GENIUS SOFTWARE	PROFESSOR	TEACHING	01-12-2017	15-06-2018	0	6	15
Total					3	6	4


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

Signature of the Faculty :



Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	308069
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MRS. BRABHA I
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	31/A, LISA VILLA, KUNNAVILLAI, KARODE
Line 2	ARUMANI, 629151
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9442305130
Email	PRABHASATHEESH20@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CANPB7687R
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2282236300
Date of Birth	29-12-1983
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.A.	ENGLISH	2006	OTHERS - WCC	MANOMANIAM SUNDARAN UNIVERSITY	55.3	SECOND CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2009	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARAN UNIVERSITY	52.8	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	11-11-2014	28-11-2024	10	0	18
Total				10	0	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

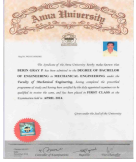

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	302012
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. BERIN GRAY P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	25/29, POONTHOPPU VILAI, KANNANOR POST
Line 2	629158
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 7639634363
Email	GBREINGRAY@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DBLPP5452A
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44727001599
Date of Birth	08-03-1990
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.	MECHANICAL ENGINEERING	2014	SATYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2016	SATYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	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
RAJAS ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-01-2017	04-10-2021	4	8	26
Total				4	8	0

V. Industrial Experience :

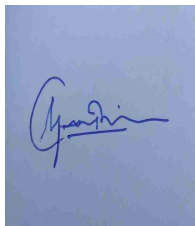
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	302111
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. GIBSON SAMUVEL V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9-157, VAALANVILAI, MOOLACHAL
Line 2	629166
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9488756962
Email	GIBSONSAMUVEL2051991@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	FRVPS0448M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-7511261008
Date of Birth	20-05-1991
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.	MECHANICAL ENGINEERING	2014	IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ANNA UNIVERSITY	72.1	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2016	C.S.I. INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	80.4	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	03-07-2017	28-08-2020	3	1	26
Total				3	1	26

V. Industrial Experience :

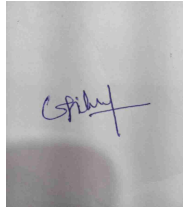
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of 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)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	302144
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. ABISHA VIRGIN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	LARISH BHAVAN,MUTHALAKURICHY
Line 2	THAKALAY 629175
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9524137590
Email	ABISHAVIRGIN1988@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BICPA8593F
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-3738366045
Date of Birth	25-02-1988
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.	OTHERS - M.SC	OTHERS - SOFTWARE ENGINEERING	2010	OTHERS - APA COLLEGE NANGUNERI	MANOMANIAM SUNDARNAR UNIVERSITY	74	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2012	OTHERS - ROSE COLLEGE OF ENGINEERING MADURAI	OTHERS - PRIST UNIVERSITY	80.5	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2014	22-11-2024	10	5	22
Total				10	5	24

V. Industrial Experience :

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

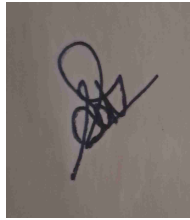
VI. C.O.E. Appointment Experience :

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

Signature of the Faculty :

A handwritten signature in blue ink on a grey background. The signature is stylized and appears to be a cursive name, possibly starting with a large 'S' or 'D'.

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	302161
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. CHRISHMA P S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/23C, BETHEL STREET, MARTHANDAM
Line 2	MARTHANDAM
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9444851838
Email	CHRISHMAJOHN@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BDWPC1179E
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-9590549969
Date of Birth	18-07-1994
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.	COMPUTER SCIENCE AND ENGINEERING	2015	ARUNACHALA COLLEGE OF ENGINEERING FOR WOMEN	ANNA UNIVERSITY	83	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2020	ST. XAVIER'S CATHOLIC COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	90	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-03-2020	22-11-2024	4	8	5
Total				4	8	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 Examination during the last year**

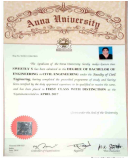

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	302328
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. SWEETLY S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	27/52,PANDIYAN VILAI,MAMOOTUKADAI
Line 2	VIRICODE,629165
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9597094575
Email	SWEETLYSAMRAJ123@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	FKKPS4775P
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-7438028713
Date of Birth	13-02-1996
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.	CIVIL ENGINEERING	2017	VINS CHRISTIAN WOMEN'S COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.6	DISTINCTION	
P.G.	M.E.	STRUCTURAL ENGINEERING	2019	PONJESLY COLLEGE OF ENGINEERING	ANNA UNIVERSITY	9.2	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-11-2024	23-01-2025	0	2	19
MARIA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2019	29-10-2024	5	3	29
Total				5	6	20

V. Industrial Experience :

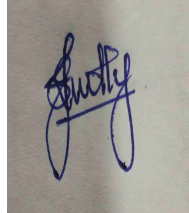
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


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) 1	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	302630
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. RASHMA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1.5/1, KUNNACHAN VILAI, VENKANJI
Line 2	KOLLEMCODE, 629160
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 8492015260
Email	RASHMAMARIAGIRI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ELHPR6570Q
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44727001695
Date of Birth	03-11-1996
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.SC.	OTHERS - MATHEMATICS	2017	OTHERS - SREE DEVI KUMARI WOMENS COLLEGE KUZHITHURAI	MANOMANIAM SUNDARAN UNIVERSITY	73	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2019	OTHERS - MALANKARA CATHOLIC COLLEGE MARIAGIRI	MANOMANIAM SUNDARAN UNIVERSITY	79	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - MATHEMATICS	OTHERS - MATHEMATICS	2020	OTHERS - ST JUDES COLLEGE THOOTHOR	MANOMANIAM SUNDARAN UNIVERSITY	93	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	08-11-2021	25-02-2022	0	3	18
Total				0	3	19

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



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	303123
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SAJIN BRUCE M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	24/91A1, NULLIVILAI
Line 2	KARANKADU, 629809
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9578729494
Email	SAJINBRUCE084@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ECOPB3852B
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-9590233319
Date of Birth	23-06-1995
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.	MECHANICAL ENGINEERING	2016	DMI ENGINEERING COLLEGE	ANNA UNIVERSITY	77	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2018	C.S.I. INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	84	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-06-2018	25-11-2024	6	5	22
Total				6	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)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in black ink, appearing to read "Sabir M.", is centered within a light gray rectangular box. The signature is written in a cursive style with a vertical line extending downwards from the end.

Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	308169
Name of the Department	OTHERS - TAMIL
Name of the Degree & Course	S&H-TAMIL
Name of the faculty member	MRS. JELIN SUJI K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	305B, MULLUVILAI VEEDU, THIPPIRAMALAI
Line 2	KARUNGAL, 629157
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 8903109585
Email	JELINSUJI6@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CCPPJ8362M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44727001831
Date of Birth	29-04-1982
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.A.	OTHERS - TAMIL	2003	OTHERS - WCC	MANOMANIAM SUNDARANAR UNIVERSITY	53	SECOND CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MPHIL	2006	OTHERS - SCC	MANOMANIAM SUNDARANAR UNIVERSITY	71	FIRST CLASS	
P.G.	OTHERS - M.A	OTHERS - MA	2005	OTHERS - STC	MANOMANIAM SUNDARANAR UNIVERSITY	62	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-12-2022	28-11-2024	1	11	28
Total				1	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**


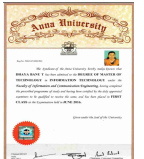
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	308238
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. DHAYABANU T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	19/2B, PATHI STREET, THENTHAMARA KULAM
Line 2	NAGERCOIL, 629701
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9445925839
Email	DHAYABANU12@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CCAPD7868K
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2345600087
Date of Birth	13-05-1993
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.TECH.	INFORMATION TECHNOLOGY	2014	C.S.I. INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	64	SECOND CLASS	
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2016	C.S.I. INSTITUTE OF TECHNOLOGY	ANNA 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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	07-07-2022	22-11-2024	2	4	16
Total				2	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)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	308942
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SARAN KUMAR N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	CHUNDAIKATTUVILAI PUTHEN VEEDU
Line 2	KANJAMPURAM,629154
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9488251273
Email	SARANKUMARPSLA@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	HFOPS4531A
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2346864256
Date of Birth	30-01-1994
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.	MECHANICAL ENGINEERING	2016	MAR EPHRAEM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.4	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2017	MAR EPHRAEM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.24	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
IMMANUEL ARASARJJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	08-02-2019	29-11-2024	5	9	20
Total				5	9	24

V. Industrial Experience :

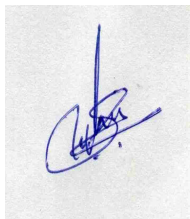
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


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

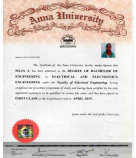
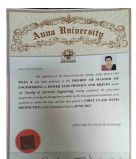
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in blue ink, appearing to be 'C. S.', is centered within a rectangular box. The signature is written in a cursive style with a vertical line extending upwards from the top of the 'S'.

Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	309026
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. SILJA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/103 SV VILLA AMMAKUDI VILAI KODUMKULAM
Line 2	MARTHANDAM, 629165
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 7598194618
Email	SILJAA94@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	HAMPS7682R
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2345687686
Date of Birth	29-06-1994
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	VINS CHRISTIAN WOMEN'S COLLEGE OF ENGINEERING	ANNA UNIVERSITY	81.7	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2017	MARIA COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	87.1	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
SASURIE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-12-2017	21-12-2018	1	0	18
MARIA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-02-2022	31-08-2022	0	6	28
Total				1	7	19

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



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	309354
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. MYDHILI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NADUTHALA MURI VEEDU
Line 2	AMSI, THENGAPATTANAM
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9487540376
Email	VV477152@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BHLPM4770L
Passport Number	
Faculty code given by C.O.E.	0
Faculty code given by A.I.C.T.E.	1-44726830851
Date of Birth	19-06-1989
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.SC.	OTHERS - INFORMATION TECHNOLOGY	2009	OTHERS - NOORUL ISLAM COLLEGE OF ARTS AND SCIENCE	MANOMANIAM SUNDARAN UNIVERSITY	75	DISTINCT ION	
P.G.	M.SC.	OTHERS - SOFTWARE ENGINEERING	2011	OTHERS - MALANKARA CATHOLIC COLLEGE OF ARTS AND SCIENCE	MANOMANIAM SUNDARAN UNIVERSITY	89.90	DISTINCT ION	

* 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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-03-2024	29-11-2024	0	8	12
Total				0	8	16

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
AB INNOVATIVE SOFTWARES	SOFTWARE ENGINEER	DEVELOPMENT	11-03-2011	22-08-2018	7	5	12
Total					7	5	14


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



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	309425
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MRS. GNANA JANE S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	ARTHANA VILAI
Line 2	THIKANAMCODE
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9514044744
Email	GNANAJANE9@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BNUPG4808G
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2587894561
Date of Birth	14-05-1979
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.SC.	OTHERS - PHYSICS	1999	OTHERS - ANNAI VELANKANNI COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	63.2	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2001	OTHERS - SIVANTHIDITANAR COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	59.45	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-06-2019	29-11-2024	5	5	26
Total				5	5	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

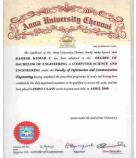

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	309478
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	M.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. RAMESH KUMAR C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	KOVICAL VILAI,KUMARN KUDY
Line 2	CHENKODY 629177
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 7845028455
Email	HSEMARCOOL@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BGDPC2483F
Passport Number	
Faculty code given by C.O.E.	9607069
Faculty code given by A.I.C.T.E.	1-1-9590549998
Date of Birth	15-06-1984
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	2008	VINS CHRISTIAN WOMEN'S COLLEGE OF ENGINEERING	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.E.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2011	OTHERS - THE RAJAAS ENGINEERING COLLEGE	ANNA 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
IMMANUEL ARASAR COLLEGE OF ARCHITECTURE	ASSISTANT PROFESSOR	13-03-2014	29-11-2024	10	8	17
TAMIZHAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	09-09-2010	12-03-2014	3	6	4
Total				14	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**


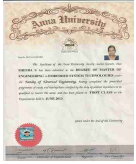
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
10		25	20	10

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



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	298985
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. SHEEBA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/221, KOTTAVILAI, ANANDHA MANAGALAM, PAINGULAM
Line 2	MARTHANDAM, 629173
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 7598363153
Email	SSHIJIMOL57@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	GNIPS1971P
Passport Number	
Faculty code given by C.O.E.	9607160
Faculty code given by A.I.C.T.E.	1-43900420181
Date of Birth	03-11-1989
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2011	JAMES COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	EMBEDDED SYSTEM TECHNOLOGIES	2013	SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.2	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-07-2013	19-11-2024	11	4	19
Total				11	4	21

V. Industrial Experience :

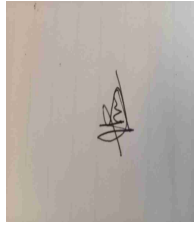
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	298931
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	DR. HELEN RATHI V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/50-28, VANİYAKUDI
Line 2	COLACHEL, 629251
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9047216559
Email	HELENRATHI2018@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	AMEPH8876P
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44726830579
Date of Birth	30-03-1982
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
P.G.	OTHERS - MPhil	OTHERS - QUANTUM MECHANICS	2020	OTHERS - ANNAI VELANKANNI COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	93.5	DISTINCTION	
PH.D.	PH.D.	NANO SCIENCE AND TECHNOLOGY	2024	OTHERS - ANNAI VELANKANNI COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	YES		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

MULTIFACETED INVESTIGATION OF GREEN SYNTHEZIZED METAL AND METAL OXIDE NANO PARTICLES

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
OTHERS - ANNAI VELANKANNI COLLEGE	ASSISTANT PROFESSOR	20-11-2023	18-11-2024	0	11	29
Total				0	11	4

V. Industrial Experience :

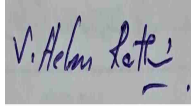
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :

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

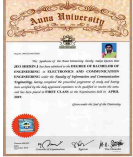

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Handwritten signature in blue ink that reads "V. Helen Kette".

Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	262169
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. JEO SHERIN J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7-145, PILANTHOPPUVILAI, VALVACHAGOSHTAM
Line 2	KALKULA, 629158
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9597847599
Email	JEOSHERIN1998@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CYJPJ4093D
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44726491124
Date of Birth	02-07-1998
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2019	ARUNACHALA COLLEGE OF ENGINEERING FOR WOMEN	ANNA UNIVERSITY	7.29	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2021	ARUNACHALA COLLEGE OF ENGINEERING FOR WOMEN	ANNA UNIVERSITY	8.66	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
ARUNACHALA COLLEGE OF ENGINEERING FOR WOMEN	ASSISTANT PROFESSOR	03-10-2022	24-12-2022	0	2	22
Total				0	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

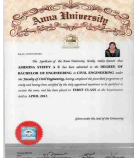

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in blue ink that reads "Leo Shewin-J". The signature is written in a cursive style and is underlined.

Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	307649
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. ASHMINA STEFFY A E
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6-89/3, KANDANACHERIKULAM CHERUTHIKONAM
Line 2	KULASEKHARAM, 629161
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 8220731515
Email	ASHMINASTEFFY@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BGJPA5184P
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2822363000
Date of Birth	13-03-1992
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.	CIVIL ENGINEERING	2013	VINS CHRISTIAN WOMEN'S COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.6	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2015	IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.26	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-07-2015	28-11-2024	9	4	28
Total				9	4	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)
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	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	310104
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. REJIMON RR
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4-6-30, AMBALAKALI, MULLAPALLI VEEDU MANCODE
Line 2	KANYAKUMARI
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 7598313400
Email	REJIMONREJI1991@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DEQPR5768F
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-9509515961
Date of Birth	14-05-1991
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2012	MNSK COLLEGE OF ENGINEERING	ANNA UNIVERSITY	74	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2014	BETHLAHEM INSTITUTE OF ENGINEERING	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
BETHLAHEM INSTITUTE OF ENGINEERING	ASSISTANT PROFESSOR	02-06-2014	31-12-2014	0	6	29
Total				0	6	2

V. Industrial Experience :

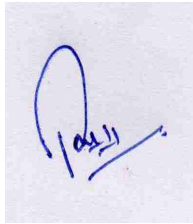
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


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


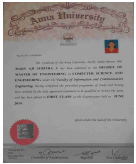
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in blue ink on a light blue background. The signature is stylized, starting with a large loop and ending with a horizontal line.

Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	308718
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. MARY AJI SUBITHA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/6/260, PAICADU
Line 2	CHERUPALLOOR, 629161
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9344154455
Email	SUBITHA33@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CZSPM0241A
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-12822363
Date of Birth	21-06-1991
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.	COMPUTER SCIENCE AND ENGINEERING	2012	VINS CHRISTIAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	81	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	LORD JEGANNAATH COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	83.9	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2016	30-11-2018	2	0	30
Total				2	0	0

V. Industrial Experience :

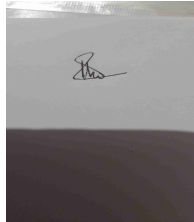
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


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

Signature of the Faculty :



Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	310117
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. SUJI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/6/30, AMBALA KALAI
Line 2	MANCODE,629152
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9489344813
Email	SUJISUVANYA@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	IEDPS7670B
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44731841587
Date of Birth	25-05-1990
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2011	MARTHAN DAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2014	BETHLAHEM INSTITUTE OF ENGINEERING	ANNA UNIVERSITY	69	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	15-11-2023	04-12-2024	1	0	20
Total				1	0	20

V. Industrial Experience :

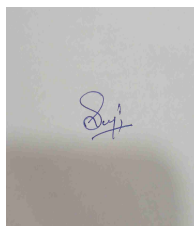
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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

A rectangular box containing a handwritten signature in blue ink. The signature is cursive and appears to be 'S. J. J.'.

Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	310126
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. JEGAN RAJ P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9/37,CHADAYANKUZHI VILAI
Line 2	KILLIYOOR,629171
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 8838071688
Email	JEGANRAJ.EEE@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BGBPJ2051C
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44731841534
Date of Birth	25-05-1990
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2013	MARTHAN DAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	58.6	SECOND CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2015	JAMES COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	74.7	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-12-2023	04-12-2024	1	0	1
Total				1	0	1

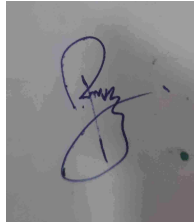
V. Industrial Experience :


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


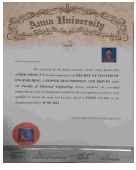
VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

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

Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	310132
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. ASHIK SHINE J N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6/41,KANJAMKUDI VEEDU
Line 2	PALAVILAI POST,629160
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 7904575829
Email	SHINE5ASHIK@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BLBPA2348Q
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44731841581
Date of Birth	12-07-1990
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2013	C.S.I. INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	59	SECOND CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2015	JAMES COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	70	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-12-2023	04-12-2024	1	0	1
Total				1	0	1

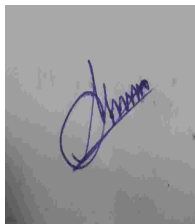
V. Industrial Experience :

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



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	310149
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. ANU SUBRAMONIAM M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1-1A,LEKSHMI PURAM
Line 2	RAMAPURAM POST,629704
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9942467770
Email	ANUMECH.AMRITA@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	BNZPA3608K
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-444205261
Date of Birth	16-07-1983
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.E.	MECHANICAL ENGINEERING	2008	JAYAMATHA ENGINEERING COLLEGE	ANNA UNIVERSITY	74	FIRST CLASS	
P.G.	M.E.	ENERGY ENGINEERING	2014	KALAIVANAR N.S.K COLLEGE OF ENGINEERING (FORMERLY K N S K COLLEGE OF ENGINEERING)	ANNA UNIVERSITY	77.4	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-12-2023	04-12-2024	1	0	1
Total				1	0	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)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	310145
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. BAVITHRA PARAMESWARI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/97F,KULASEKARAN PUTHOOR
Line 2	RAMAPURAM POST,629704
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9787574336
Email	BAVITHRAPARAMESWARI@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	CSQPP0414H
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44731954174
Date of Birth	29-07-1993
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2014	KALAIVANAR N.S.K COLLEGE OF ENGINEERING (FORMERLY K N S K COLLEGE OF ENGINEERING)	ANNA UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2021	CAPE INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	85	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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-12-2023	04-12-2024	1	0	1
Total				1	0	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

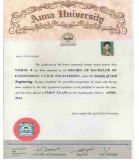

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in blue ink that reads "R. Gaithe". The signature is written in a cursive style with a prominent initial 'R' and a trailing flourish.

Signature of the Faculty :

Name of the College	9607 - IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING
Faculty ID	310178
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. VISHNU R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	VISHNU NIVAS,MANICKAL
Line 2	VENJARAMOODU POST,695607
District	OTHERS - THIRUVANANTHAPURAM
Telephone number	-
Mobile number	+91 - 9567188782
Email	VISHNU.R.VJMD@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	CZOPR9752H
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1193137300
Date of Birth	12-12-1992
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.	CIVIL ENGINEERING	2014	IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	CONSTRUCTION ENGINEERING AND MANAGEMENT	2017	JAMES COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA 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
IMMANUEL ARASAR JJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-12-2023	04-12-2024	1	0	1
Total				1	0	1

V. Industrial Experience :

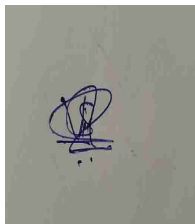
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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



Signature of the Faculty :

