

Anna University, Chennai Jayalakshmi Institute of Technology - 6109

$Consolidated_Report$

13.faculty

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	DR. VENKATESAN S
Regular Or Adjunct	Regular
Image	
Present Designation	PRINCIPAL
Residential Address Line 1	SANTHUR MALLUR
Line 2	SALEM -636203
District	SALEM
Telephone number	-
Mobile number	+91 - 9894916315
Email	PRINCIPAL@JIT.NET.IN
Gender	MALE
Community	ВС
PAN Number	ADOPV5776B
Passport Number	
Aadhar Number	795380484585
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	2952769598
Date of Birth	05-08-1979
Age	44
I. Particulars of Educational Qualification : (only comple	eted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2001	OTHERS - VMKV ENGINNE RING COLLEGE	OTHERS - MADARS UNIVERSI TY	74	FIRST CLASS	The second secon
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2009	JAYARAM COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	73	FIRST CLASS	And the second s
PH.D.	PH.D.	COMPUTE R SCIENCE AND ENGINEE RING	2017	SONA COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	85		Agent Manager 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

^{*} Upload Scanned copy of Original Degree Certificate.

File:

II. Title of Ph.D. Thesis	MULTI ATTRIBUTE MULTI LEVEL MIN MAPPER ALGORITHM FOR IMPROVED CLINICAL RECOMMENDATION ON MOBILE HAPPS USING FUZZY RULE SETS
III. Faculty in which Ph.D. was awarded	FACULTY OF INFORMATION AND COMMUNICATION ENGINEERING
IV. Academic Experience : (Start from the Current working Experience) *	

Name of the College			Relieving Date / Current Date for Presently	Experience				
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days		
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	21-06-2008	01-01-2011	2	6	11		
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	PROFESSOR	05-01-2013	25-03-2023	10	2	21		
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	02-01-2011	04-01-2013	2	0	3		
JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	01-08-2001	20-06-2008	6	10	20		
	Total							

$\ \ \, \textbf{V. Industrial Experience:} \\$

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

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

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

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY					
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING					
Name of the Degree & Course	M.ECOMPUTER SCIENCE AND ENGINEERING					
Name of the faculty member	MRS. SRIVADHANA S					
Regular Or Adjunct	Regular					
Image						
Present Designation	PROFESSOR					
Residential Address Line 1	OMALUR					
Line 2	SALEM-636005					
District	SALEM					
Telephone number	-					
Mobile number	+91 - 8754223968					
Email	S.SRIVADHANA@GMAIL.COM					
Gender	FEMALE					
Community	MBC					
PAN Number	FFFPS7448G					
Passport Number						
Aadhar Number	993707357326					
Faculty code given by C.O.E.						
Faculty code given by A.I.C.T.E.	424586006					
Date of Birth	07-12-1976					
Age	47					
I. Particulars of Educational Qualification : (only completed)						

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - AGRICULT URE	2000	OTHERS - TAMIL NADU AGRICULT URAL UNIV	TAMIL NADU AGRICULT URAL UNIVERSI TY	84	FIRST CLASS	Eard Note Specialized Thirmady A feature A
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2010	OTHERS - VMKV ENGINEE RING COLLEGE	OTHERS - VINAYAGA MISSIONS UNIVERSI TY	87	FIRST CLASS	Marine Company of the
P.G.	M.SC.	OTHERS - INFORMA TION TECHNOL OGY	2003	OTHERS - ANNAMAL AI UNIVERSI TY	ANNAMAL AI UNIVERSI TY	82	FIRST CLASS	ANADAL DE DEVENIO
* Upload Scanned copy of Original Degree Certificate. I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION								

Score :

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	Experience				
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days		
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	26-07-2010	01-06-2016	5	10	7		
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	PROFESSOR	03-01-2019	25-03-2023	4	2	23		
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	02-06-2016	02-01-2019	2	7	1		
THE KAVERY ENGINEERING COLLEGE	OTHERS - LECTURER	01-07-2007	20-07-2010	3	0	20		
	Total							

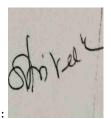
V. Industrial Experience :

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 4	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.



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. SITHAIAN E
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	8/40, ADUVAPPATTY, PAKKANADU, EDAPADY, SALEM
Line 2	ERODE
District	ERODE
Telephone number	- 44816587
Mobile number	+91 - 9940943995
Email	SITHAIAN82@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	DVUPS0311C
Passport Number	
Aadhar Number	556757291262
Faculty code given by C.O.E.	6109060
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	07-05-1982
Age	41
I. Particulars of Educational Qualification : (only completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2006	GOVERN MENT COLLEGE OF ENGINEE RING BARGUR (AUTONO MOUS)	ANNA UNIVERSI TY	66	FIRST CLASS	AGE WINTERSTON
P.G.	M.E.	POWER ELECTRO NICS AND DRIVES	2011	ANNAI MATHAM MAL SHEELA ENGINEE RING COLLEGE	ANNA UNIVERSI TY	83	FIRST CLASS	The second of th

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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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	PROFESSOR	15-06-2012	30-03-2023	10	9	15
ANNAI MATHAMMAL SHEELA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	09-05-2011	30-04-2012	0	11	23
GOVERNMENT COLLEGE OF ENGINEERING BARGUR (AUTONOMOUS)	OTHERS - LECTURER	05-07-2006	17-07-2008	2	0	13
P S V COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	01-08-2008	16-08-2009	1	0	16
			Total	14	10	12

Name of the D	Designation	Nature of	Joining Date		Daliania a Data	Experience			
Organisation	isation Designation Work Joining Date Relieving		Relieving Date	Years	Months	Days			
	oointment Expendich service is e		e conduc	t of Exm	ination during th	e last y	ear		
AUR (No. of days) 30	Squad Member (No. of days)	External Example (Practica (No. of day 50	l)	iner Central Evaluat (No. of script		Re-Evaluation (No. of scripts Evaluated)		_	
is certified th	nat all the informa	ation provided ar	e true to	the best o	of my knowledge.				

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. SATHYA M R
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	PANNAPATTI
Line 2	SALEM-636005
District	SALEM
Telephone number	-
Mobile number	+91 - 8754916325
Email	SATHYA.CSE@JIT.NET.IN
Gender	FEMALE
Community	MBC
PAN Number	FIEPS9073J
Passport Number	
Aadhar Number	515332037705
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	454275239
Date of Birth	01-06-1985
Age	38
I. Particulars of Educational Qualification : (only completed))

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	в.тесн.	INFORMA TION TECHNOL OGY	2008	MAHEND RA ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	76	FIRST CLASS	The second of th
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2011	PAAVAI ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	88	FIRST CLASS	TAN DESCRIPTION OF THE PROPERTY OF THE PROPERT

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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	Experience		
	Designation	Joining Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	09-07-2009	01-08-2017	8	0	24
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	02-08-2017	30-09-2019	2	1	30
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	PROFESSOR	01-10-2019	25-03-2023	3	5	25
			Total	13	8	22

V. Industrial Experience :

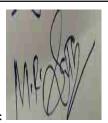
Name of the	Designation	Pesignation Nature of Joining Date		Relieving Date	Experience		
Organisation	Designation	Work	Joining Date		Years	Months	Days

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) 10 Squad Member (No. of days)	External Examiner (Practical) (No. of days) 4	Central Evaluation (No. of scripts Evaluated) 600	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.



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	M.ECAD/CAM
Name of the faculty member	MR. VINAYAGAMOORTHI P
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	251, MGR NAGAR, APPAVU NAGAR PART
Line 2	DHARMAPURI - 636701
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9791272899
Email	VINRAMKUMAR@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AWBPV2275R
Passport Number	
Aadhar Number	499457870788
Faculty code given by C.O.E.	6109129
Faculty code given by A.I.C.T.E.	2187491309
Date of Birth	17-06-1972
Age	51
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2012	OTHERS - VINAYAKA MISSION ENGG COLLEGE	OTHERS - VINAYAKA MISSION UNIVERSI TY	59.9	SECOND CLASS	S CONTROL OF THE PARTY OF THE P
P.G.	M.E.	CAD/CAM	2014	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	72	FIRST CLASS	The state of the s

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience		
	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	16-07-2014	10-03-2020	5	7	26
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	PROFESSOR	11-03-2020	31-03-2023	3	0	21
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	OTHERS - LECTURER	01-07-2009	30-06-2012	2	11	31
	•	•	Total	11	8	22

V. Industrial Experience :

Name of the	Designation Nature of		Joining Date	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date	Keneving Date	Years	Months	Days
PRABHA ENGINEERS	WELDER	WELDING	16-07-1993	24-05-1995	1	10	9
				Total	1	10	13

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) 4	Central Evaluation (No. of scripts Evaluated) 6	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.



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECHARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MR. PRABHU C
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	THOPPUR
Line 2	SALEM-636352
District	SALEM
Telephone number	-
Mobile number	+91 - 9994533001
Email	PRABHU.CSE@JIT.NET.IN
Gender	MALE
Community	ВС
PAN Number	BVWPP4499N
Passport Number	
Aadhar Number	942436617066
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	429643619
Date of Birth	10-05-1984
Age	39
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2006	ADHIYAM AAN COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	74	FIRST CLASS	Malarrage The second state of the second stat
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2012	JAYAM COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	88	DISTINCT ION	Anna Abritzeration of the control of

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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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	19-07-2018	04-08-2020	2	0	17
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	PROFESSOR	05-08-2020	25-03-2023	2	7	21
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	02-06-2012	18-07-2018	6	1	17
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	OTHERS - LECTURER	02-06-2008	10-05-2010	1	11	9
			Total	12	9	8

V. Industrial Experience:

Name of the	Designation	Nature of	Joining Date	Relieving	E	xperience	
Organisation	Designation	Work	Joining Date	Date	Years	Months	Days
CLIENT SOFTWARE TECHNOLOGY	JOUNIOR DEVELOPER	SOFTWARE DEVELOPMEN T	01-05-2007	01-05-2008	1	0	1
	Total					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) 500	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.



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	DR. VENKATACHALAM G
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	3/153 EACHMPATTI-PO NALLAMPALLI VIA
Line 2	DHARMAPURI-636807
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9894279991
Email	VENKATACHALAM.MBA@JIT.NET.IN
Gender	MALE
Community	MBC
PAN Number	AFSPV3981A
Passport Number	
Aadhar Number	385737432601
Faculty code given by C.O.E.	6109036
Faculty code given by A.I.C.T.E.	1440245407
Date of Birth	25-07-1980
Age	43
I. Particulars of Educational Qualification : (only com	pleted)

Category	Name of the Degree	Specializat ion	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.COM.	COMMERC E	2002	OTHERS - PMP ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSIT Y	63	FIRST CLASS	Address of the control of the contro
P.G.	OTHERS - MCOM	OTHERS - COMMERE CE	2004	NELLAI COLLEGE OF ENGINEER ING	BHARATHI DASAN UNIVERSIT Y	70	FIRST CLASS	The second secon
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2006	OTHERS - VYSYA INSTITUTE OF MANAGEM ENT STUDIES	PERIYAR UNIVERSIT Y	66	FIRST CLASS	
PH.D.	PH.D.	MASTER OF BUSINESS ADMINIST RATION (PART TIME)	2016	OTHERS - GOVT ARTS COLLEGE DHARMAP URI	PERIYAR UNIVERSIT Y	HIGHLY RECOMME NDED		

^{*} Upload Scanned copy of Original Degree Certificate.

$\begin{tabular}{ll} \textbf{I.a. Additional Qualification} :- \begin{tabular}{ll} \textbf{NO ADDITIONAL QUALIFICATION} \\ \textbf{Score}: \\ \textbf{File}: \\ \end{tabular}$

II. Title of Ph.D. Thesis	A STUDY ON INVESTORS BEHAVIOUR TOWARDS GOLD EXCHANGE TRADED FUNDS IN INDIAN STOCK MARKET WITH SPECIAL REFERENCE TO TAMILNADU
III. Faculty in which Ph.D. was awarded	FACULTY OF MANAGEMENT
IV. Academic Experience : (Start from the Current working Experience) *	

Name of the College	Decignation	Joining Data	Relieving Date / Current Date	Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
THE KAVERY ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-06-2007	31-07-2009	2	1	29
OTHERS - SHEVROYS COLLEGE	ASSISTANT PROFESSOR	02-05-2006	30-05-2007	1	0	29
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	01-08-2009	31-05-2018	8	9	31
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	PROFESSOR	01-06-2018	09-03-2023	4	9	9
			Total	16	10	12

V. Industrial Experience:

Name of the Organisation Designation	Designation	Nature of Work	Joining Date	Relieving Date	Е	xperience	•
Organisation	Designation	Nature of Work	Joining Date		Years	Months	Days

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

1 '	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 1	Central Evaluation (No. of scripts Evaluated) 100	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.

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.ECIVIL ENGINEERING
Name of the faculty member	DR. SURESH M
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	4/305, KAKKAN COLONY MINNAMPALLI POST
Line 2	KARIPATTI
District	SALEM
Telephone number	-
Mobile number	+91 - 8754259060
Email	WATERSURESH@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	CXDPS2909G
Passport Number	
Aadhar Number	982616748555
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7458958911
Date of Birth	20-05-1979
Age	44
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - APPLIED GEOLOGY	2003	OTHERS - GOVT ARTS COLLEGE SALEM	PERIYAR UNIVERSI TY	54	SECOND CLASS	The second secon
P.G.	M.SC.	OTHERS - APPLIED GEOLOGY	2006	OTHERS - ANNAMAL AI UNIVERSI TY	ANNAMAL AI UNIVERSI TY	6.4	SECOND CLASS	Secretary Control of the Control of
PH.D.	PH.D.	OTHERS - GEOLOGY	2010	OTHERS - ANNAMAL AI UNIVERSI TY	ANNAMAL AI UNIVERSI TY	YES		Control of the contro

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Score : File :

II. Title of Ph.D. Thesis	INTEGRATED HYDROGEOLOGICAL STUDIES OF UPPER THIRUMANIMUTHAR SUB BASIN CAUVERY TAMILNADU INDIA
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	Experience		
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months 3 6 10 11	Days
NARASU'S SARATHY INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	27-06-2017	18-10-2019	2	3	22
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	23-02-2011	04-09-2011	0	6	10
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	12-08-2013	20-06-2017	3	10	9
OTHERS - PERIYAR UNIVERSITY	ASSISTANT PROFESSOR	05-09-2011	06-08-2013	1	11	2
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	PROFESSOR	02-12-2019	09-03-2023	3	3	8
			Total	11	10	27

V. Industrial Experience :

Name of the Designation	Nature of	Joining Date	Policying Date	Experience			
Organisation	Designation	Work	Joining Date	Relieving Date	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	DR. SIVAGURUMANIKANDAN N
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	NORTH STREET
Line 2	SOLATHARAM, 608701
District	CUDDALORE
Telephone number	-
Mobile number	+91 - 9095962988
Email	SIVAGURUMANIKANDAN@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	DSAPS7271E
Passport Number	
Aadhar Number	988416163194
Faculty code given by C.O.E.	6109271
Faculty code given by A.I.C.T.E.	11339331952
Date of Birth	18-06-1988
Age	35
I. Particulars of Educational Qualification : (on	aly completed)

Category	Name of the Degree	Specializat ion	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.	MECHANIC AL ENGINEER ING	2009	ANNAMAL AI UNIVERSIT Y	ANNAMAL AI UNIVERSIT Y	7.86	FIRST CLASS	CONTROL OF THE PROPERTY OF THE
P.G.	M.E.	MANUFAC TURING ENGINEER ING	2011	ANNAMAL AI UNIVERSIT Y	ANNAMAL AI UNIVERSIT Y	8.20	FIRST CLASS	CONCESSION DE CO
PH.D.	PH.D.	MANUFAC TURING ENGINEER ING	2018	ANNAMAL AI UNIVERSIT Y	ANNAMAL AI UNIVERSIT Y	Y		ANNUAL POTENTY ANNUAL POTENTY

^{*} Upload Scanned copy of Original Degree Certificate.

Score: File:

II. Title of Ph.D. Thesis	INSVESTIGATION ON PULSED ND YAG LASER WELDED SUPER DUPLEX STAINLESS STEEL
III. Faculty in which Ph.D. was awarded	FACULTY OF MECHANICAL ENGINEERING

IV. Academic Experience :

(Start from the Current working Experience) $\mbox{*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the conege	Designation	Joining Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	PROFESSOR	27-10-2021	31-03-2023	1	5	5
			Total	1	5	7

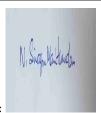
V. Industrial Experience:

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

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

cupucity at n	IIIOII BOI VICO IB C2	tenaca for the conduct of	Eximination during the	iust your
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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	M.EPOWER SYSTEMS ENGINEERING
Name of the faculty member	DR. MARY JEYANTHI D
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	RC CHETTIPATTY,PO.,OMALUR TK.,
Line 2	636455
District	SALEM
Telephone number	-
Mobile number	+91 - 8825574489
Email	MJAYANTHI2K8@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ASJPJ9112F
Passport Number	
Aadhar Number	671541693810
Faculty code given by C.O.E.	6109030
Faculty code given by A.I.C.T.E.	1433908374
Date of Birth	07-04-1974
Age	49
I. Particulars of Educational Qualification : (only con	npleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2004	GOVERN MENT COLLEGE OF ENGINEE RING SALEM (AUTONO MOUS)	PERIYAR UNIVERSI TY	65	FIRST CLASS	The second secon
P.G.	M.E.	POWER ELECTRO NICS AND DRIVES	2010	SONA COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	82	FIRST CLASS	The second secon
PH.D.	PH.D.	ELECTRIC AL ENGINEE RING	2020	GOVERN MENT COLLEGE OF ENGINEE RING BARGUR (AUTONO MOUS)	ANNA UNIVERSI TY	RECOMM EDED		AND ADVISED TY CHENNAL - ON DES ***SEMBLE - ON DES ***PRODUCT - ON DES

File:

II. Title of Ph.D. Thesis	STABILITY ANALYSIS AND SPEED CONTROL OF PERMANENT MAGNET SYNCHRONOUS MOTOR BASED ON DYNAMIC RULE SOFT SWITCHING CONTROL METHODS
III. Faculty in which Ph.D. was awarded	FACULTY OF ELECTRICAL ENGINEERING
IV. Academic Experience : (Start from the Current working Experience) *	

Name of the College	Designation	Joining Date	Relieving Date / Current Date	Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
OTHERS - THE KAVERY POLYTECHNIC COLLEGE	OTHERS - LECTURER	14-06-2004	03-06-2006	1	11	20
OTHERS - THIAGARAJAR POLYTECHNIC	OTHERS - HOD	07-06-2006	31-12-2010	4	6	24
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	PROFESSOR	03-01-2011	11-01-2023	12	0	9
	18	6	26			

V. Industrial Experience:

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
Organisation					Years	Months	Days
RREAL ELECTRONICS	PRODUCTION INCHARGE	PRODUCTION OF TRANSFORME RS	17-05-1996	30-04-2000	3	11	15
	Total						19

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) 42	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 60	Central Evaluation (No. of scripts Evaluated) 1800	Re-Evaluation (No. of scripts Evaluated) 60
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It is certified that all the information provided are true to the best of my knowledge.



Name of the College 6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY Name of the Department MECHANICAL ENGINEERING Name of the Degree & Course B.EMECHANICAL ENGINEERING Name of the faculty member DR. MANUNEETHI ARASU P Regular Or Adjunct Regular Image PROFESSOR Residential Address RC PLANT OPPOSITE Line 2 METTUR, 636403 District SALEM Telephone number +91 - 9442676242 Email MANUNEETHI222@GMAIL.COM Gender MALE Community MBC PAN Number AZTPM4776H Passport Number 434987927741 Faculty code given by C.O.E. 6109277 Faculty code given by A.I.C.T.E. 11339331926 Date of Birth 22-09-1988 Age 35		
Name of the Degree & Course B.EMECHANICAL ENGINEERING Name of the faculty member DR. MANUNEETHI ARASU P Regular Or Adjunct Regular Image Image Present Designation PROFESSOR Residential Address Line 1 RC PLANT OPPOSITE Line 2 METTUR, 636403 District SALEM Telephone number +91 - 9442676242 Email MANUNEETHI222@GMAIL.COM Gender MALE Community MBC PAN Number AZTPM4776H Pasport Number 434987927741 Faculty code given by C.O.E. 6109277 Faculty code given by A.I.C.T.E. 11339331926 Date of Birth 22-09-1988	Name of the College	
Name of the faculty memberDR. MANUNEETHI ARASU PRegular Or AdjunctRegularImagePROFESSORPresent DesignationPROFESSORResidential Address Line 1RC PLANT OPPOSITELine 2METTUR, 636403DistrictSALEMTelephone number-Mobile number+91 - 9442676242EmailMANUNEETHI222@GMAIL.COMGenderMALECommunityMBCPAN NumberAZTPM4776HPassport NumberAZTPM4776HAdhar Number434987927741Faculty code given by C.O.E.6109277Faculty code given by A.I.C.T.E.11339331926Date of Birth22-09-1988	Name of the Department	MECHANICAL ENGINEERING
Regular Or AdjunctRegularImageRegularPresent DesignationPROFESSORResidential Address Line 1RC PLANT OPPOSITELine 2METTUR, 636403DistrictSALEMTelephone number-Mobile number+91 - 9442676242EmailMANUNEETHI222@GMAIL.COMGenderMALECommunityMBCPAN NumberAZTPM4776HPassport NumberA34987927741Faculty code given by C.O.E.6109277Faculty code given by A.I.C.T.E.11339331926Date of Birth22-09-1988	Name of the Degree & Course	B.EMECHANICAL ENGINEERING
ImagePROFESSORPresent DesignationPROFESSORResidential Address Line 1RC PLANT OPPOSITELine 2METTUR, 636403DistrictSALEMTelephone number+91 - 9442676242EmailMANUNEETHI222@GMAIL.COMGenderMALECommunityMBCPAN NumberAZTPM4776HPassport Number434987927741Faculty code given by C.O.E.6109277Faculty code given by A.I.C.T.E.11339331926Date of Birth22-09-1988	Name of the faculty member	DR. MANUNEETHI ARASU P
Present Designation PROFESSOR Residential Address Line 2 METTUR, 636403 District SALEM Telephone number - Mobile number +91 - 9442676242 Email MANUNEETHI222@GMAIL.COM Gender MALE Community MBC PAN Number AZTPM4776H Passport Number Aadhar Number 434987927741 Faculty code given by C.O.E. 6109277 Faculty code given by A.I.C.T.E. 11339331926 Date of Birth PROFESSOR RC PLANT OPPOSITE METTUR, 636403 ME	Regular Or Adjunct	Regular
Residential Address Line 2 METTUR, 636403 District SALEM Telephone number - Mobile number +91 - 9442676242 Email MANUNEETHI222@GMAIL.COM Gender MALE Community MBC PAN Number AZTPM4776H Passport Number Aadhar Number 434987927741 Faculty code given by C.O.E. Faculty code given by A.I.C.T.E. Date of Birth RETUR, 636403 METTUR, 636403 METUR, 636403 METUR, 636403 METUR, 636403 METUR, 636403 METUR, 636403 ALE 491 - 9442676242 MALE 491 - 9442676242 MALE 48497927741 Faculty code given by C.O.E. Faculty code given by A.I.C.T.E. 11339331926 Date of Birth	Image	
Line 1 Line 2 METTUR, 636403 District SALEM Telephone number - Mobile number +91 - 9442676242 Email MANUNEETHI222@GMAIL.COM Gender MALE Community MBC PAN Number AZTPM4776H Passport Number Aadhar Number 434987927741 Faculty code given by C.O.E. 6109277 Faculty code given by A.I.C.T.E. 11339331926 Date of Birth Passion METTUR, 636403 ALE 491 - 9442676242 MANUNEETHI222@GMAIL.COM 610927 11339331926 11339331926	Present Designation	PROFESSOR
District SALEM Telephone number H91 - 9442676242 Email MANUNEETHI222@GMAIL.COM Gender MALE Community MBC PAN Number AZTPM4776H Passport Number Aadhar Number 434987927741 Faculty code given by C.O.E. 6109277 Faculty code given by A.I.C.T.E. 11339331926 Date of Birth 22-09-1988		RC PLANT OPPOSITE
Telephone number - Mobile number +91 - 9442676242 Email MANUNEETHI222@GMAIL.COM Gender MALE Community MBC PAN Number AZTPM4776H Passport Number 434987927741 Faculty code given by C.O.E. 6109277 Faculty code given by A.I.C.T.E. 11339331926 Date of Birth 22-09-1988	Line 2	METTUR, 636403
Mobile number+91 - 9442676242EmailMANUNEETHI222@GMAIL.COMGenderMALECommunityMBCPAN NumberAZTPM4776HPassport Number434987927741Faculty code given by C.O.E.6109277Faculty code given by A.I.C.T.E.11339331926Date of Birth22-09-1988	District	SALEM
EmailMANUNEETHI222@GMAIL.COMGenderMALECommunityMBCPAN NumberAZTPM4776HPassport Number434987927741Faculty code given by C.O.E.6109277Faculty code given by A.I.C.T.E.11339331926Date of Birth22-09-1988	Telephone number	-
Gender MALE Community MBC PAN Number AZTPM4776H Passport Number 434987927741 Faculty code given by C.O.E. 6109277 Faculty code given by A.I.C.T.E. 11339331926 Date of Birth 22-09-1988	Mobile number	+91 - 9442676242
Community MBC PAN Number AZTPM4776H Passport Number 434987927741 Faculty code given by C.O.E. 6109277 Faculty code given by A.I.C.T.E. 11339331926 Date of Birth 22-09-1988	Email	MANUNEETHI222@GMAIL.COM
PAN Number AZTPM4776H Passport Number 434987927741 Faculty code given by C.O.E. 6109277 Faculty code given by A.I.C.T.E. 11339331926 Date of Birth 22-09-1988	Gender	MALE
Passport Number434987927741Faculty code given by C.O.E.6109277Faculty code given by A.I.C.T.E.11339331926Date of Birth22-09-1988	Community	MBC
Aadhar Number 434987927741 Faculty code given by C.O.E. 6109277 Faculty code given by A.I.C.T.E. 11339331926 Date of Birth 22-09-1988	PAN Number	AZTPM4776H
Faculty code given by C.O.E. 6109277 Faculty code given by A.I.C.T.E. 11339331926 22-09-1988	Passport Number	
Faculty code given by A.I.C.T.E. 11339331926 Date of Birth 22-09-1988	Aadhar Number	434987927741
Date of Birth 22-09-1988	Faculty code given by C.O.E.	6109277
	Faculty code given by A.I.C.T.E.	11339331926
Age 35	Date of Birth	22-09-1988
	Age	35
I. Particulars of Educational Qualification : (only completed)	I. Particulars of Educational Qualification : (only com	pleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHATR ONICS ENGINEE RING	2010	MAHARAJ A ENGINEE RING COLLEGE	ANNA UNIVERSI TY	6.9	FIRST CLASS	Manual Ministeracy
P.G.	M.E.	PRODUCT DESIGN AND DEVELOP MENT	2012	SONA COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	8.9	DISTINCTI ON	Annual Ministerraty The second of the secon
PH.D.	PH.D.	MECHANI CAL ENGINEE RING	2021	COIMBAT ORE INSTITUT E OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	Y		The state of the s

$\begin{tabular}{ll} \textbf{I.a. Additional Qualification} := NO & ADDITIONAL & QUALIFICATION \\ Score: \end{tabular}$

File:

IV. Academic Experience : (Start from the Current working Experience) *	
III. Faculty in which Ph.D. was awarded	FACULTY OF MECHANICAL ENGINEERING
II. Title of Ph.D. Thesis	STUDY ON MECHANICAL AND THERMAL BEHAVIOR OF E GLASSJUTE FIBER REINFORCED EPOXYISOPHTHALIC COMPOSITE BY HAND LAYUP VARTM METHOD FOR LOW COST AUTOMOBILE APPLICATION

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	PROFESSOR	22-12-2021	31-03-2023	1	3	10
K S R COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	06-06-2014	21-12-2021	7	6	16
Total					9	0

$\ \ \, \textbf{V. Industrial Experience:} \\$

Name of the	Designation	Nature of Work	Joining Data	Policying Date	E	xperience	9
Organisation	Designation	Nature of Work	Joining Date	Refleving Date	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) 4	Central Evaluation (No. of scripts Evaluated) 2	Re-Evaluation (No. of scripts Evaluated)
-------------------------	----------------------------------	--	--	--

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

C.4 20 1

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	CIVIL ENGINEERING				
Name of the Degree & Course	B.EGENERAL ENGINEERING				
Name of the faculty member	DR. THANGADURAI N				
Regular Or Adjunct	Regular				
Image					
Present Designation	PROFESSOR				
Residential Address Line 1	23A, OFFICERS COLONY, MURUGAN NAGAR				
Line 2	RAMAN NAGAR P.O, METTUR DAM				
District	SALEM				
Telephone number	-				
Mobile number	+91 - 9443102612				
Email	NTDURAI@GMAIL.COM				
Gender	MALE				
Community	MBC				
PAN Number	ASDPT9801H				
Passport Number	N26366061				
Aadhar Number	508540642133				
Faculty code given by C.O.E.	6109058				
Faculty code given by A.I.C.T.E.	1423132971				
Date of Birth	27-03-1979				
Age	44				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - CHEMIST RY	1999	OTHERS - GOBI ARTS	BHARATH IYAR UNIVERSI TY	76	FIRST CLASS	High control of the c
P.G.	M.SC.	OTHERS - ENVIRON SCIENCES	2001	OTHERS - BISHOP HEBER COLLEGE	BHARATH IDASAN UNIVERSI TY	86.2	FIRST CLASS	PARTICIPATION OF THE PARTICIPA
PH.D.	PH.D.	ENVIRON MENTAL SCIENCE AND TECHNOL OGY	2008	COLLEGE OF ENGINEE RING GUINDY	ANNA UNIVERSI TY	YES		Interesting (I

^{*} Upload Scanned copy of Original Degree Certificate.

Score: File:

II. Title of Ph.D. Thesis	COASTAL SEDIMENTS OF SOUTH EAST INDIA
II. Title of Ph.D. Thesis	ENVIRONMENTAL GEOCHEMISTRY AND THE IMPACT OF TSUNAMI ON

FACULTY OF SCIENCE AND III. Faculty in which Ph.D. was awarded HUMANITIES

IV. Academic Experience : (Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the Conege			Working Institutions	Years	Months	Days
OTHERS - KAR POLYTECHNIC COLLEGE	OTHERS - LECTURER	11-05-2001	06-06-2003	1	7	2
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	01-06-2012	09-03-2023	10	9	9
	12	4	14			

V. Industrial Experience :	
----------------------------	--

Name of the	Decignation	Nature of	Joining Date	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date		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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. JOTHILAKSHMI V
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	13/126I MGR NAGAR , KUMARASAMIPET
Line 2	DHARMAPURI
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9994541824
Email	JOTHS_LAKS@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	AYDPJ4891R
Passport Number	
Aadhar Number	492359737715
Faculty code given by C.O.E.	1429643401
Faculty code given by A.I.C.T.E.	
Date of Birth	10-05-1985
Age	38
I. Particulars of Educational Qualification : (only completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2006	OTHERS - VMKV ENGINEE RING COLLEGE	ANNA UNIVERSI TY	76	FIRST CLASS	The second secon
P.G.	M.E.	COMMUN ICATION SYSTEMS	2009	MAHEND RA COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	8.3	FIRST CLASS	The second secon

^{*} Upload Scanned copy of Original Degree Certificate.

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) $\mbox{*}$

Name of the Callege	Designation Joining Date f		Relieving Date / Current Date for Presently	Experience		
Name of the College			Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	PROFESSOR	23-08-2010	30-03-2023	12	7	8
SAPTHAGIRI COLLEGE OF ENGINEERING	OTHERS - LECTURER	10-07-2009	31-07-2010	1	0	22
SAPTHAGIRI COLLEGE OF ENGINEERING	OTHERS - LECTURER	1 10-0 /- 2006 1 31-0 /- 200 /		1	0	22
			Total	14	8	25

Name of the	Designation	Nature of	Joining Date	Relieving Date	xperience)
Organisation	Designation	Work	Joining Date		Months	Days

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

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

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. JAGANATHAN K
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	D.NO:33C/13,ANCHANEYAR KOVIL THERU,DHARMAPURI
Line 2	636701
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9842668487
Email	JAGANATHANMATHS@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	AHDPJ3782A
Passport Number	NIL
Aadhar Number	715672688653
Faculty code given by C.O.E.	6109297
Faculty code given by A.I.C.T.E.	1439300682
Date of Birth	26-01-1968
Age	55
I. Particulars of Educational Qualification : (only comp	leted)

Category	Name of the Degree	Specializa tion	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 - MATHEMA TICS	1988	OTHERS - AVVMSP COLLEGE	BHARATHI DASAN UNIVERSIT Y	62	FIRST CLASS	Injust statedards Injustice of the state of
P.G.	M.SC.	OTHERS - MATHEMA TICS	1990	OTHERS - AVVMSP COLLEGE	BHARATHI DASAN UNIVERSIT Y	76	DISTINCTI ON	prigrate describation of the control
OTHERS - M.PHIL.,	OTHERS - M.PHIL.,	OTHERS - MATHEMA TICS	1992	OTHERS - AVVMSP COLLEGE	BHARATHI DASAN UNIVERSIT Y	69	FIRST CLASS	PRISE AMAZINE AND

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience			
Nume of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days	
JAYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	20-01-2001	03-09-2008	7	7	15	
NARASU'S SARATHY INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	12-06-2017	07-12-2019	2	5	26	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	PROFESSOR	10-12-2019	09-03-2023	3	2	31	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	04-09-2008	10-06-2017	8	9	7	
OTHERS - HARUR MUTHU ARTS AND SCIENCE COLLEGE	OTHERS - LECTURER	04-09-1995	19-01-2001	5	4	16	
			Total	27	6	8	

V. Industrial Experience :

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	E	xperience	•
Organisation	Designation	Nature of Work	Joining Date		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) 21	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 5000	Re-Evaluation (No. of scripts Evaluated) 800
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It is certified that all the information provided are true to the best of my knowledge.



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. MOORTHY K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	KASINATHAN.A KARAPATTY
Line 2	MECHERI 636453
District	SALEM
Telephone number	-
Mobile number	+91 - 9976223209
Email	MOORTHYEEE08@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CNQPM7893E
Passport Number	
Aadhar Number	871604382153
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	14642196905
Date of Birth	27-04-1985
Age	38
I. Particulars of Educational Qualification : (only co	ompleted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2008	MUTHAYA MMAL ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	61	FIRST CLASS	Section of the sectio
P.G.	M.E.	APPLIED ELECTRO NICS	2010	MUTHAYA MMAL ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	71	FIRST CLASS	A STATE OF THE STA

^{*} Upload Scanned copy of Original Degree Certificate.

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	E	Experience		
Nume of the conege	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	18-06-2014	30-04-2016	1	10	13	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	04-07-2018	12-01-2023	4	6	9	
S R S COLLEGE OF ENGINEERING AND TECHNOLOGY	GINEERING AND ASSISTANT PROFESSOR		30-04-2014	3	10	29	
		Total					

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

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

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

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

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.ECIVIL ENGINEERING
Name of the faculty member	MR. BASKARAN K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	8-70, PUDHUR 4 ROADS, KUTTAPATTY POST
Line 2	METTUR TALUK, SALEM-636453
District	SALEM
Telephone number	-
Mobile number	+91 - 9965807907
Email	BASKARANDCE08@GMAIL.COM
Gender	MALE
Community	ВС
PAN Number	BAOPB0848L
Passport Number	H7389382
Aadhar Number	941553380519
Faculty code given by C.O.E.	6109092
Faculty code given by A.I.C.T.E.	2183698000
Date of Birth	25-06-1987
Age	36
I. Particulars of Educational Qualification : (only co	ompleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2010	TAMILNA DU COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	69	FIRST CLASS	San Rabersty
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2012	K S R COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	84	FIRST CLASS	Anna Ministration of the Control of

^{*} Upload Scanned copy of Original Degree Certificate.

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) $\mbox{*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience	•
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	03-06-2013	09-03-2023	9	9	7
TAMILNADU COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-07-2012	30-04-2013	0	9	30
	10	7	11			

Name of the	Designation	Nature of	Joining Date	Relieving Date	xperience	,
Organisation	Designation	Work	Joining Date	Keneving Date	Months	Days

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

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

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

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. NAVEENA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	POCHAMPALLI
Line 2	KRISHNAGIRI
District	KRISHNAGIRI
Telephone number	04342 - 246256
Mobile number	+91 - 9688802844
Email	NAVEENAVLSI@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	GTOPS7558N
Passport Number	
Aadhar Number	654312345643
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	10-04-1988
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2009	PRIYADAR SHINI ENGINEE RING COLLEGE	ANNA UNIVERSI TY	75	DISTINCT ION	The second secon
P.G.	M.E.	VLSI DESIGN	2011	MUTHAYA MMAL COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	9.35	DISTINCT ION	

^{*} Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification}: \textbf{-} \ \texttt{NO} \ \texttt{ADDITIONAL} \ \texttt{QUALIFICATION}$

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	Experience		•
Name of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	25-11-2011	30-03-2023	11	4	5
			Total	11	4	7

V. Industrial Experience:

Name	of the	Designation	Nature of	Joining Date	Relieving Date		Experience	
Organi	sation	Designation	Work	Joining Date	Keneving Date	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	f Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. o		(Practical)	(No. of scripts	(No. of scripts
days		(No. of days)	Evaluated)	Evaluated)

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. VIJAYGANESH P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	KARATANOOR
Line 2	635202
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 8015027240
Email	JIT.THOPPUR@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	APVPV3671A
Passport Number	
Aadhar Number	614649678323
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	10-04-1992
Age	31
I. Particulars of Educational Qualification : (only completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2012	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	80	FIRST CLASS	Annua Historiania Annua Histori
P.G.	M.E.	APPLIED ELECTRO NICS	2014	GOVERN MENT COLLEGE OF TECHNOL OGY COIMBAT ORE (AUTONO MOUS)	ANNA UNIVERSI TY	81	FIRST CLASS	Anna Altireraty Anna A

^{*} Upload Scanned copy of Original Degree Certificate.

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		xperience	•
Name of the College	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	19-05-2014	31-03-2023	8	10	13
			Total	8	10	18

Name of the	Designation	Nature of	Joining Date	Relieving Date	xperience	•
Organisation	Designation	Work	Joining Date		Months	Days

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

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

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. LOGANATHAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	THARAMANAGALAM
Line 2	OMALUR 636005
District	SALEM
Telephone number	-
Mobile number	+91 - 9791844914
Email	LOGANATHAN.CSE@JIT.NET.IN
Gender	MALE
Community	MBC
PAN Number	ALSPL7979E
Passport Number	
Aadhar Number	880968100306
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	747584188
Date of Birth	13-07-1987
Age	36
I. Particulars of Educational Qualification : (only com	pleted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	В.ТЕСН.	INFORMA TION TECHNOL OGY	2009	SONA COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	73	FIRST CLASS	The second of th
P.G.	М.ТЕСН.	INFORMA TION TECHNOL OGY	2011	OTHERS - VMKV ENGINEE RING COLLEGE	OTHERS - VINAYAGA MISSIONS UNIVERSI TY	83	FIRST CLASS	

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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	Experience		
Name of the College	Designation	Joining Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	05-02-2021	25-03-2023	2	1	21
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2011	03-02-2021	9	8	3
			Total	11	9	28

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

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

AUR (No. of days) 6 Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 300	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.



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. MOHAN KUMAR P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	NO-4/293, S/O P.PACHAMUTHU, POOMARATHUR VILLAGE
Line 2	NALLASENAHALLI POST
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9486607025
Email	MOHAN2989@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CQCPM8413K
Passport Number	
Aadhar Number	778989942832
Faculty code given by C.O.E.	6109052
Faculty code given by A.I.C.T.E.	2183697880
Date of Birth	29-07-1989
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2010	PANIMAL AR ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	78	FIRST CLASS	And Heitersty And He
P.G.	M.E.	ENGINEE RING DESIGN	2013	BANNARI AMMAN INSTITUT E OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	84	DISTINCT ION	Annual Altriure of the Control of th

^{*} Upload Scanned copy of Original Degree Certificate.

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	Designation Joining Date f		Experience			
Name of the Conege	Designation	Johning Date	for Presently Working Institutions	Years	Months	Days	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	22-05-2013	10-03-2020	6	9	20	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	20-08-2020	31-03-2023	2	7	12	
	Total						

l	V.	Industrial	Experience	:
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Name of the	Designation Nature of		Joining Date	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date	Refleving Date	Years	Months	Days
BEST AND CROMPTON ENGG LTD	SUPERVISOR	SUPERVISOR	05-06-2010	06-10-2011	1	1	5
	Total						

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) 4	Central Evaluation (No. of scripts Evaluated) 5	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.

Bulinez

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. VIJAYAKUMAR K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	SALEM
Line 2	SALEM
District	SALEM
Telephone number	-
Mobile number	+91 - 8015342383
Email	VIJAYAKUMAR.CSE@JIT.NET.IN
Gender	MALE
Community	BC
PAN Number	CCQPK3100B
Passport Number	
Aadhar Number	458174084569
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	3559625050
Date of Birth	28-07-1989
Age	34
I. Particulars of Educational Qualification : (only completed	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	В.ТЕСН.	INFORMA TION TECHNOL OGY	2010	PARK COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	65	FIRST CLASS	And Heiserely And He
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2012	KARPAGA M INSTITUT E OF TECHNOL OGY	OTHERS - KARPAGA M UNIVERSI TY	76	FIRST CLASS	A SAPLAN ODERSTI

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the conege	Designation	Designation Joining Date for Presently Working Institutions		Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	16-02-2021	25-03-2023	2	1	10
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	08-06-2012	15-02-2021	8	8	8
	Total					

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

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) 4	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.



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MR. SENTHIL R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	UMMIYAMPATTY
Line 2	THOPPUR POST
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 8012452639
Email	SENTHILSUMATHI25@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BYQPR7031D
Passport Number	
Aadhar Number	367569953187
Faculty code given by C.O.E.	6109028
Faculty code given by A.I.C.T.E.	11421698805
Date of Birth	15-05-1983
Age	40
I. Particulars of Educational Qualification : (only comple	eted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - CHEMIST RY	2005	OTHERS - ARIGNAR ANNA GOVT ARTS COLLEGE	PERIYAR UNIVERSI TY	62	FIRST CLASS	The state of the s
P.G.	M.SC.	OTHERS - CHEMIST RY	2012	OTHERS - VIJAY VIDYALAY A ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSI TY	76	DISTINCTI ON	And the state of t
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - CHEMIST RY	2014	OTHERS - VIJAY VIDYALAY A ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSI TY	78	FIRST CLASS	And the state of t

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience		.
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	02-07-2012	31-03-2023	10	8	30
			Total	10	8	4

Name of the	Designation	Nature of Work	Joining Date	Policying Date	Experio	xperience	•
Organisation	Designation	Nature of Work	Joining Date	Keneving Date	Years	Months	Days

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

AUR (No. of days) 2 Squad Member (No. of days)	External Examiner (Practical) (No. of days) 20	Central Evaluation (No. of scripts Evaluated) 2000	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.

May

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF
	TECHNOLOGY
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECHARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. MUTHALAGU M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	27 4, SUBRAYAN STREET,KUMARASAMY PATTI
Line 2	DHARMAPURI
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9790456979
Email	MUTHALAGU.CSE@JIT.NET.IN
Gender	FEMALE
Community	MBC
PAN Number	DLDPM7568M
Passport Number	
Aadhar Number	562650389833
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	11139977564
Date of Birth	23-08-1986
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	В.ТЕСН.	INFORMA TION TECHNOL OGY	2011	JAYAM COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	69	FIRST CLASS	And Religion to the control of the c
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2014	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	70	FIRST CLASS	Annua Albritareally Service of the Control of the

^{*} Upload Scanned copy of Original Degree Certificate.

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	E	xperience	
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	07-06-2022	25-03-2023	0	9	19
VARUVAN VADIVELAN INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	06-07-2015	04-05-2021	5	9	30
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	05-05-2021	06-06-2022	1	1	2
SAPTHAGIRI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-06-2014	01-07-2015	1 0 30		30
			Total	8	9	25

V		Indu	strial	Ex	peri	ence	:
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Name of th	Hacianation	Nature of	Joining Date	Relieving Date	Е	xperience	•			
Organisatio	on See grades	Work	Joanna 2 400		Years	Months	Days			
	ppointment Expe		conduct of Exm	ination during th	e last v	ear				
AUR (No. of days)	Squad Member (No. of days)	External Exar (Practica (No. of day	miner Centra	l Evaluation of scripts aluated)	Re-H (No.	Evaluation of scripts	_			
lo. of	Member	(Practica	l) (No.	of scripts	(No.	Re-Evaluation (No. of scripts Evaluated)				
	(110. of days)	(110) 01 44	,5,	diddica)						
is soutified	that all the inform		a terms to the beat	- f ll - d						
is certified	that all the inform	ation provided ar	e true to the best o	of my knowledge.						
is certified			e true to the best o	of my knowledge.						
is certified		ation provided ar	e true to the best o	of my knowledge.						

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	MECHANICAL ENGINEERING				
Name of the Degree & Course	B.EMECHANICAL ENGINEERING				
Name of the faculty member	MRS. BHUVANESHWARI M				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSOCIATE PROFESSOR				
Residential Address Line 1	46, NEW TEACHERS COLONY, PAUPARAPATTI PO				
Line 2	DHARMAPURI, 636809				
District	DHARMAPURI				
Telephone number	-				
Mobile number	+91 - 8883604094				
Email	MBHUVIMECH@GMAIL.COM				
Gender	FEMALE				
Community	MBC				
PAN Number	CKEPB9857L				
Passport Number					
Aadhar Number	538746512365				
Faculty code given by C.O.E.	6109041				
Faculty code given by A.I.C.T.E.	1432857357				
Date of Birth	12-07-1988				
Age	35				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2009	NANDHA ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	69	FIRST CLASS	Therefore the second se
P.G.	M.E.	MECHATR ONICS	2012	KARPAGA M COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	9.3	DISTINCT ION	Action Markets

^{*} Upload Scanned copy of Original Degree Certificate.

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	Inining Data	Relieving Date / Current Date	Experience		
Name of the Conege	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	14-06-2016	31-03-2023	6	9	17
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	11-06-2012	13-06-2016	4	0	3
			Total	10	9	24

Name of the	Designation	Nature of	Joining Date	Relieving Date	Experience		9
Organisation	Designation	Work	Joining Date			Months	Days

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

days) (No. of days) (No. of days) Evaluated) Evaluated)

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. SURESH M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	5/169 BHARATHI NAGAR
Line 2	VANAVASI 636457
District	SALEM
Telephone number	-
Mobile number	+91 - 7418578549
Email	MJSURESH14@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	EENPS0827G
Passport Number	
Aadhar Number	650887014899
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	3205309748
Date of Birth	08-06-1993
Age	30
I. Particulars of Educational Qualification : (only completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2014	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.9	FIRST CLASS	Annua Huiserath
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2016	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.7	FIRST CLASS	Annu Hillion III

^{*} Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification}: \textbf{-} \ \texttt{NO} \ \texttt{ADDITIONAL} \ \texttt{QUALIFICATION}$

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	Experience				
Name of the Conege	Designation Joining Date		Working Institutions	Years	Months	Days		
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	10-08-2021	25-03-2023	1	7	16		
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2016	09-08-2021	5	1	9		
	Total							

Name of the Designat	Designation	Nature of	Joining Date	Policying Date	E	xperience	•	
Or	rganisation	Designation	Work	Joining Date	Relieving Date	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) 3	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.



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. SIVASHANKAR A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	VEDAKARA STREET,MARANDAHALLI PO,
Line 2	PALACODE 636806
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 8870523898
Email	SIVAARUMUGAM.SHANKAR@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	HDUPS1494E
Passport Number	
Aadhar Number	542859209139
Faculty code given by C.O.E.	6109196
Faculty code given by A.I.C.T.E.	2496459920
Date of Birth	04-10-1991
Age	32
I. Particulars of Educational Qualification : (only compl	eted)

Category	Name of the Degree	Specializat ion	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.	MECHANIC AL ENGINEERI NG	2013	ARUNAI ENGINEERI NG COLLEGE	ANNA UNIVERSIT Y	6.5 CGPA	FIRST CLASS	Ama Mineran
P.G.	B.E.	OTHERS - THERMAL	2015	JAYAM COLLEGE OF ENGINEERI NG AND TECHNOLO GY	ANNA UNIVERSIT Y	7.7	FIRST CLASS	And Ministration of the Control of t

^{*} Upload Scanned copy of Original Degree Certificate.

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) $\mbox{*}$

Name of the College		Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience)
	Name of the College	Designation	Johning Date	Working Institutions	Years	Months	Days
	JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	01-06-2015	31-03-2023	7	9	30
Ī				Total	7	9	4

V. Industrial Experience :

Name of the	Designation	Nature of Work	Ioining Date	Relieving Date	E	xperience	•
Organisation	Designation	Nature of Work	Joining Date	Keneving Date	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) 4	Central Evaluation (No. of scripts Evaluated) 4	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.



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. SURESH G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	MGR NAGAR
Line 2	DHARMAPURI
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9789681066
Email	GSURESHECE08@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	FFMPS0155G
Passport Number	
Aadhar Number	623941296029
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	4677498671
Date of Birth	16-03-1981
Age	42
I. Particulars of Educational Qualification : (only co	mpleted)

Ca	itegory	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G	G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2010	SAPTHAGI RI COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	70	FIRST CLASS	Anna Halterraty
P.0	3.	M.E.	APPLIED ELECTRO NICS	2014	THIRUVAL LUVAR COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.2	FIRST CLASS	National Medical Conference of the Conference of

^{*} Upload Scanned copy of Original Degree Certificate.

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) st

Name of the College	Designation Injury De		Relieving Date / Current Date	Experience			
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	22-06-2018	30-03-2023	4	9	8	
OTHERS - PG POLYTECHNIC COLLEGE	OTHERS - LECTURE	05-06-2008	03-06-2010	1	11	29	
OTHERS - AADHIPARASATHI POLYTECHNIC COLLEGE	PRINCIPAL	03-06-2017	31-05-2018	0	11	28	
OTHERS - SHREE KRISHNA POLYTECHNIC COLLEGE	OTHERS - LECTURE	01-06-2013	02-06-2017	4	0	2	
	11	9	12				

Name of the Doc	Designation	esignation Nature of	Joining Date	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date		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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)
days)	(No. of days)	(No. of days)	Evaluated)	

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

Yu

Signature of the Faculty:

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY			
Name of the Department	MECHANICAL ENGINEERING			
Name of the Degree & Course	B.EMECHANICAL ENGINEERING			
Name of the faculty member	MR. RAJABOOPATHI S			
Regular Or Adjunct	Regular			
Image				
Present Designation	ASSOCIATE PROFESSOR			
Residential Address Line 1	98/29C,PARASHAKTHI NAGER,DHADHAGAPATTI,SALEM-636006.			
Line 2	SALEM-636006			
District	SALEM			
Telephone number	-			
Mobile number	+91 - 9626319929			
Email	RAJAMECH1983@GMAIL.COM			
Gender	MALE			
Community	BC			
PAN Number	ATOPR1294C			
Passport Number				
Aadhar Number	893126718978			
Faculty code given by C.O.E.	6109163			
Faculty code given by A.I.C.T.E.	2984060125			
Date of Birth	28-03-1983			
Age 40				
I. Particulars of Educational Qualification : (only completed)				

Category	Name of the Degree	Specializat ion	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.	MECHANIC AL ENGINEER ING	2007	P G P COLLEGE OF ENGINEER ING AND TECHNOLO GY	ANNA UNIVERSIT Y	64	FIRST CLASS	Sales of the sales
P.G.	M.E.	INTERNAL COMBUSTI ON ENGINEER ING	2013	UNIVERSIT Y COLLEGE OF ENGINEER ING VILLUPUR AM	ANNA UNIVERSIT Y	7.6	FIRST CLASS	And Albertain Control of the Control

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	31-08-2015	31-03-2023	7	7	1
NARASU'S SARATHY INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	03-06-2013	01-05-2015	1	10	29
DR NAGARATHINAM'S COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-06-2010	15-07-2011	1	1	14
	10	7	18			

V. Industrial Experience:

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
Organisation	Designation	wature or work	Joining Date		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)	(Practical)	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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	MASTER OF BUSINESS ADMINISTRATION				
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION				
Name of the faculty member	DR. VASANTHA KUMAR V				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSOCIATE PROFESSOR				
Residential Address Line 1	2/227 T.GANIGARAHALLI PO,VILL. THOPPUR VAI				
Line 2	T.GANIGARAHALLI, 636352				
District	DHARMAPURI				
Telephone number	-				
Mobile number	+91 - 9159794570				
Email	VVSJINS0@GMAIL.COM				
Gender	MALE				
Community	ВС				
PAN Number	AKBPV5315N				
Passport Number	M4460003				
Aadhar Number	323519930930				
Faculty code given by C.O.E.	6109213				
Faculty code given by A.I.C.T.E.	14648546955				
Date of Birth	09-05-1991				
Age	32				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.B.A.	BUSINESS ADMINIST RATION	2011	OTHERS - GOVT ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSI TY	60	FIRST CLASS	Figure 1 and
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2014	COLLEGE OF BUSINESS MANAGE MENT	ANNA UNIVERSI TY	66	FIRST CLASS	and Britans
PH.D.	PH.D.	MASTER OF BUSINESS ADMINIST RATION	2020	OTHERS - PERIYARU NIVERSIT Y	PERIYAR UNIVERSI TY	100		Control of the contro
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MANAGE MENT	2016	OTHERS - PERIYAR UNIVERSI TY	PERIYAR UNIVERSI TY	75	FIRST CLASS	Office of the control

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Score : File :

II. Title of Ph.D. Thesis	A STUDY ON STRESS AND JOB BURNOUT AMONG THE COLLEGE TEACHERS IN DHARMAPURI DISTRICT
III. Faculty in which Ph.D. was awarded	FACULTY OF MANAGEMENT

IV. Academic Experience : (Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	Experience	
Name of the Conege	Designation	Johning Date	Working Institutions	Years	_	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	31-05-2017	31-03-2022	4	10	1
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	01-04-2022	09-03-2023	0	11	9
			Total	5	9	15

V. Industrial Experience :

Name of the	Decignation	Nature of	Joining Date	Relieving Date	E	xperience	rience	
Organisation	Designation	Work	Joining Date Reneving Date	Years	Months	Days		
TVS LOGISTICS	SUPERVISOR	SUPERVISES THE WORKERS	05-12-2014	30-05-2016	1	5	26	
				Total	1	5	28	

VI. C.O.E. Appointment Experience :

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 1	Central Evaluation (No. of scripts Evaluated) 150	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.



	6109 - JAYALAKSHMI INSTITUTE OF		
Name of the College	TECHNOLOGY		
Name of the Department	MASTER OF BUSINESS ADMINISTRATION		
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION		
Name of the faculty member	MR. VENKATESWARAN S		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSOCIATE PROFESSOR		
Residential Address Line 1	3/55B, MOOKANUR POST KADAYAMPATTI TALUK		
Line 2 SALEM 636351			
District	SALEM		
Telephone number	-		
Mobile number	+91 - 9566869908		
Email	VENKATES.MS5@GMAIL.COM		
Gender	MALE		
Community	MBC		
PAN Number	AWEPV5192L		
Passport Number			
Aadhar Number	234318135886		
Faculty code given by C.O.E.	6109200		
Faculty code given by A.I.C.T.E.	14656607953		
Date of Birth	05-06-1994		
Age	29		
I. Particulars of Educational Qualification : (only complete	d)		

Cat	egory	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
P.G		M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2016	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	Y	FIRST CLASS	Agas Bullicetty Agas Bullicetty Agas and Agas

^{*} Upload Scanned copy of Original Degree Certificate.

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	E	Experience		
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	05-08-2016	31-03-2022	5	7	27	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	01-04-2022	09-03-2023	0	11	9	
			Total	6	7	10	

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience:

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 200	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.



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY		
Name of the Department	MASTER OF BUSINESS ADMINISTRATION		
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION		
Name of the faculty member	MRS. RAMA G		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSOCIATE PROFESSOR		
Residential Address Line 1	4/177, AKKAMANAHALLI VILLAGE,POST		
Line 2	636702		
District	DHARMAPURI		
Telephone number	-		
Mobile number	+91 - 9629956913		
Email	RAMASAKTHI6@GMAIL.COM		
Gender	FEMALE		
Community	MBC		
PAN Number	ALPPG0002J		
Passport Number			
Aadhar Number	813114184008		
Faculty code given by C.O.E.	6109191		
Faculty code given by A.I.C.T.E.	13237105117		
Date of Birth	07-12-1985		
Age	38		
I. Particulars of Educational Qualification : (only completed)		

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2010	OTHERS - KAVERY ENGINEE RING COLLEGE	ANNA UNIVERSI TY	80	FIRST CLASS	
OTHERS - MPHILL	OTHERS - MANAGE MENT	OTHERS - MANAGE MENT	2013	OTHERS - PERIYAR UNIVERSI TY	PERIYAR UNIVERSI TY	80	FIRST CLASS	

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$\textbf{I.a. Additional Qualification}: \textbf{-} \ \texttt{NO} \ \texttt{ADDITIONAL} \ \texttt{QUALIFICATION}$

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			Relieving Date / Current Date	Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
OTHERS - SRI VENKATESHWARAA ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	17-06-2013	30-03-2016	2	9	13
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	08-09-2016	31-03-2022	5	6	23
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	01-04-2022	09-03-2023	0	11	9
			Total	9	3	18

Name of the	Designation Nature		Joining Date	Relieving Date	Experience		
Organisation	Designation	of Work	Joining Date	Kellevilly Date	Years	o 3	Days
ANDRO MEDIA MARKETING PVT LTD	SALES EXECUTIVE	SALES	17-11-2010	19-11-2011	1	0	3
				Total	1	0	3

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) 4 Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 250	Re-Evaluation (No. of scripts Evaluated) 6
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It is certified that all the information provided are true to the best of my knowledge.



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF
	TECHNOLOGY
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.ECIVIL ENGINEERING
Name of the faculty member	MR. MANIVEL KRISHNAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	PALLIPATTI, KATCHUPALLI POST, EDAPADI
Line 2	SALEM-637102
District	SALEM
Telephone number	-
Mobile number	+91 - 9944136136
Email	MANIVELKRISHNAN01@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BIMPM0304G
Passport Number	NA
Aadhar Number	556241101711
Faculty code given by C.O.E.	6109093
Faculty code given by A.I.C.T.E.	2187156941
Date of Birth	11-04-1989
Age	34
I. Particulars of Educational Qualification : (only com	pleted)

Category	Name of the Degree	Specializa tion	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 ENGINEER ING	2011	MAHENDR A ENGINEER ING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	84	FIRST CLASS	
P.G.	M.E.	STRUCTUR AL ENGINEER ING	2014	GNANAMA NI COLLEGE OF ENGINEER ING	ANNA UNIVERSI TY	76	FIRST CLASS	Their supplies to the supplies

^{*} Upload Scanned copy of Original Degree Certificate.

Score : File :

TT	Title	of Dh	n	Thoric
ш.	111116	or Pn	.D.	Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience:

(Start from the Current working Experience) $\mbox{*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Nume of the conege	Designation	Joining Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	02-06-2014	09-03-2023	8	9	8
			Total	8	9	12

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	xperience	e
Organisation	Designation	Nature of Work	Johning Date	Refleving Date	Months	Days

VI. C.O.E. Appointment Experience :

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

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

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	M.ECAD/CAM
Name of the faculty member	MR. ANBUMANI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	3B, KAVERY NAGER
Line 2	SURAMANGALAM, SALEM-636005
District	SALEM
Telephone number	-
Mobile number	+91 - 7904043587
Email	MANBUMANI1977@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BPYPA8565G
Passport Number	
Aadhar Number	859972766799
Faculty code given by C.O.E.	6109126
Faculty code given by A.I.C.T.E.	AU
Date of Birth	23-05-1977
Age	46
I. Particulars of Educational Qualification : (only comp	pleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2011	GOVERN MENT COLLEGE OF ENGINEE RING SALEM (AUTONO MOUS)	ANNA UNIVERSI TY	7.52	FIRST CLASS	The second secon
P.G.	M.E.	CAD/CAM	2014	MAHEND RA COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	7.73	FIRST CLASS	Agent Historial Agent Historia Agent Historial Agent Historia Agent Historial Agent Historial Agent Historia Agent Historial Agent Historia Agent Historia Agent Historia Agent Histor

^{*} Upload Scanned copy of Original Degree Certificate.

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 Callege	Designation	Joining Date	Relieving Date / Current Date	Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
AVS COLLEGE OF TECHNOLOGY	ASSISTANT PROFESSOR	20-06-2016	31-10-2020	4	4	11
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	06-12-2021	31-03-2023	1	3	26
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	03-06-2013	13-04-2016	2	10	11
	•	•	Total	8	6	21

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

VI.	C.O.E.	Appointment	Experience	:
-----	--------	--------------------	-------------------	---

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

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

H. Sand

	1				
Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING				
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING				
Name of the faculty member	MRS. SUBHA C				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSOCIATE PROFESSOR				
Residential Address Line 1	PULLIAMPATTI				
Line 2	D THURINJIPATTI-635202				
District	DHARMAPURI				
Telephone number	-				
Mobile number	+91 - 7708726282				
Email	SUBHA.CSE@JIT.NET.IN				
Gender	FEMALE				
Community	MBC				
PAN Number	DMYPS0367F				
Passport Number					
Aadhar Number	301605570956				
Faculty code given by C.O.E.	6109142				
Faculty code given by A.I.C.T.E.	2490742563				
Date of Birth	03-01-1991				
Age	32				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2012	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	87	FIRST CLASS	CONTROL MINISTER OF THE PROPERTY OF THE PROPER
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2014	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	84	FIRST CLASS	anna Ultimento

^{*} Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- GATE

Score : 335 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 Callege			Relieving Date / Current Date	Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	07-06-2022	25-03-2023	0	9	19
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	02-06-2014	06-06-2022	8	0	5
Total					9	28

Name of the	Designation	esignation Nature of	Isimin a Data	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date	Keneving Date	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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

C. Suph

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the faculty member	MR. JAGATHESAN V				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSOCIATE PROFESSOR				
Residential Address Line 1	SUNDAKAPATTY,BOMMIAMPATTY,KADAYAMPATTY TALUK				
Line 2	KADAYAMPATTY				
District	SALEM				
Telephone number	-				
Mobile number	+91 - 9489502930				
Email	JAGAATHEESAN@GMAIL.COM				
Gender	MALE				
Community	MBC				
PAN Number	BASPJ4491H				
Passport Number					
Aadhar Number	894633163545				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	17437453781				
Date of Birth	07-04-1985				
Age	38				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializati on	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 ELECTRONI CS ENGINEERI NG	2008	MUTHAYAM MAL ENGINEERI NG COLLEGE (AUTONOMO US)	ANNA UNIVERSITY	6.5	FIRST CLASS	The second secon
P.G.	M.E.	POWER ELECTRONI CS AND DRIVES	2014	SELVAM COLLEGE OF TECHNOLOG Y	ANNA UNIVERSITY	7.4	FIRST CLASS	Management of the second of th

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 $\textbf{I.a. Additional Qualification:-} \ \ \texttt{NO ADDITIONAL QUALIFICATION}$

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	Experience		
Name of the Conege	lege Designation Joining Date		Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	04-12-2019	30-03-2023	3	3	27
NARASU'S SARATHY INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	04-05-2018	30-11-2019	1	6	28
OTHERS - SRI BALAKRISHNA POLYTECHNIC COLLEGE OMALUR	OTHERS - LECTURER	01-11-2016	30-11-2017	1	0	30
OTHERS - THE KAVERY POLYTECHNIC COLLEGE MECHERI	OTHERS - LECTURER	01-11-2010	30-11-2012	2	0	30
	8	0	24			

V. Industrial Experience :

Name of the	Decimation	Nature of Work	Ioining Date	Relieving Date	Experience		
Organisation	Designation	Nature of Work	Joining Date		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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. SANCHAI GANDHI L
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	V.KONGARAPATTI
Line 2	KADAYAMPATTI
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9500839180
Email	GANDHISANCHAI@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	FUQPS9211C
Passport Number	
Aadhar Number	903049745505
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	4676897989
Date of Birth	06-05-1984
Age	39
I. Particulars of Educational Qualification : (only con	ppleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUNI CATION ENGINEE RING	2005	OTHERS - VMKV ENGINBE ERING COLLEGE	ANNA UNIVERSI TY	6.5	FIRST CLASS	and houses
P.G.	M.E.	APPLIED ELECTRO NICS	2012	OTHERS - VMKV ENHGINE ERING COLLEGE	OTHERS - VINAYAGA MISSIONS UNIVERSI TY	7.3	FIRST CLASS	

^{*} Upload Scanned copy of Original Degree Certificate.

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 Callege	Designation	Inimin a Data	Relieving Date / Current Date	Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	31-10-2018	30-03-2023	4	4	30
SARASWATHY COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	15-07-2010	10-08-2017	7	0	27
NARASU'S SARATHY INSTITUTE OF TECHNOLOGY ASSISTANT PROFESSOR		01-09-2017	25-08-2018	0	11	25
	12	5	24			

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

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY			
Name of the Department	MATHEMATICS			
Name of the Degree & Course	S&H-MATHEMATICS			
Name of the faculty member	MR. KARTHIKEYAN P			
Regular Or Adjunct	Regular			
Image				
Present Designation	ASSOCIATE PROFESSOR			
Residential Address Line 1	ARASAMPATTI			
Line 2	KRISHNAGIRI-635201			
District	KRISHNAGIRI			
Telephone number	-			
Mobile number	+91 - 8870927615			
Email	HARCINIKARTHI@GMAIL.COM			
Gender	MALE			
Community	BC			
PAN Number	ВНМРК0619К			
Passport Number				
Aadhar Number	919425323527			
Faculty code given by C.O.E.	6109027			
Faculty code given by A.I.C.T.E.	11421699441			
Date of Birth	27-06-1974			
Age	49			
I. Particulars of Educational Qualification : (only completed)				

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEM ATICS	2000	OTHERS - KKC	UNIVERSI TY OF MADRAS	46	OTHERS - THRID CLASS	An analysis of the second seco
P.G.	M.SC.	OTHERS - MATHEM ATICS	2007	OTHERS - ANNAMAL AI UNIVERSI TY	ANNAMAL AI UNIVERSI TY	56.6	SECOND CLASS	ANNALIS & INVESTOR
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MATHEM ATICS	2009	OTHERS - VINAYAKA MISSON	OTHERS - VINAYAKA MISSON	72	FIRST CLASS	THOUSE SECRET SECRET.

^{*} Upload Scanned copy of Original Degree Certificate.

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	Relieving Date / Current Date Joining Date for Presently		/ Current Date Experi		xperience	9
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	25-08-2011	09-03-2023	11	6	16	
ER PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING	OTHERS - LECTURER	02-05-2007	30-07-2011	4	2	29	
Total					9	19	

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :

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

(No. of N	Squad Member o. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 3000	Re-Evaluation (No. of scripts Evaluated) 200
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It is certified that all the information provided are true to the best of my knowledge.



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY			
Name of the Department	CIVIL ENGINEERING			
Name of the Degree & Course	B.EGENERAL ENGINEERING			
Name of the faculty member	MR. SAKTHIVEL V			
Regular Or Adjunct	Regular			
Image				
Present Designation	ASSOCIATE PROFESSOR			
Residential Address Line 1	PANAMARATHUPATTY			
Line 2	SALEM-636403			
District	SALEM			
Telephone number	-			
Mobile number	+91 - 9080978705			
Email	SAKTHIVEL.CIVIL@JIT.NET.IN			
Gender	MALE			
Community	BC			
PAN Number	CGHPS4326L			
Passport Number				
Aadhar Number	576287730912			
Faculty code given by C.O.E.	6109060			
Faculty code given by A.I.C.T.E.	747901754			
Date of Birth	22-06-1987			
Age	36			
I. Particulars of Educational Qualification : (only completed)				

Categ	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - APPLIED GEOLOGY	2007	OTHERS - GOVTART S COLLEGE	PERIYAR UNIVERSI TY	55.91	SECOND CLASS	
P.G.	M.SC.	OTHERS - APPLIED GEOLOGY	2009	OTHERS - PONDICH ERRY UNIVERSI TY	PONDICH ERRY UNIVERSI TY	64.1	FIRST CLASS	America
P.G.	M.TECH.	REMOTE SENSING AND GIS	2011	OTHERS - BHARATHI DASAN UNIVERSI TY	BHARATHI DASAN UNIVERSI TY	79.14	FIRST CLASS	Findings Daniely Findings Findings

^{*} Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification}: \textbf{-} \ \textbf{NO} \ \textbf{ADDITIONAL} \ \textbf{QUALIFICATION}$

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) *

Namo	e of the College	Designation	Joining Date	Relieving Date / Current Date ing Date for Presently		Experience		
Name	of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days	
JAYALAI INSTITU TECHNO	JTE OF	ASSISTANT PROFESSOR	17-08-2011	09-03-2023	11	6	24	
				Total	11	6	27	

V. Industrial Experience :

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

VI. C.O.E. Appointment	Experience :
------------------------	--------------

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

AUR (No. of days) 5 Squad Member (No. of days)	External Examiner	Central Evaluation	Re-Evaluation
	(Practical)	(No. of scripts	(No. of scripts
	(No. of days)	Evaluated)	Evaluated)
	50	500	100

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the faculty member	MR. DHEENADHAYALAN B				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSOCIATE PROFESSOR				
Residential Address Line 1	DHARMAPURI				
Line 2	DHARMAPURI				
District	DHARMAPURI				
Telephone number	04342 - 246256				
Mobile number	+91 - 9095518365				
Email	DEENA2@GMAIL.COM				
Gender	MALE				
Community	SC				
PAN Number	BHTPD4929E				
Passport Number					
Aadhar Number	614634213456				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	2493797636				
Date of Birth	15-11-1991				
Age	32				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2012	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	73.5	FIRST CLASS	
P.G.	M.E.	COMMUN ICATION SYSTEMS	2014	ANNA UNIVESIT Y REGIONA L CAMPUS, MADURAI	ANNA UNIVERSI TY	77.5	FIRST CLASS	7

^{*} Upload Scanned copy of Original Degree Certificate.

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	Decignation	Joining Date	Relieving Date / Current Date for Presently	E	xperience)
Name of the conege	lege Designation Joining Date		Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-12-2014	30-03-2023	8	3	30
			Total	8	3	1

V. Industrial Experience:

Name of the	Designation	Nature of	Joining Date	Relieving Date	xperience	•
Organisation	Designation	Work	Joining Date		Months	Days

VI. C.O.E. Appointment Experience :

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

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

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING				
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING				
Name of the faculty member	MR. JUSTIN RAJ P				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSOCIATE PROFESSOR				
Residential Address Line 1	VILATHIKA VILAI				
Line 2	MELANGALAM,629171				
District	KANYAKUMARI				
Telephone number	-				
Mobile number	+91 - 9789105712				
Email	JUSTINRAJ502@GMAIL.COM				
Gender	MALE				
Community	BC				
PAN Number	AUPPJ9145E				
Passport Number					
Aadhar Number	644203981859				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	AU1				
Date of Birth	02-07-1987				
Age	36				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2011	NARAYAN AGURU COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	75	FIRST CLASS	The second of th
P.G.	M.E.	POWER ELECTRO NICS AND DRIVES	2013	SONA COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	88	DISTINCT ION	Malerana Company Compa

^{*} Upload Scanned copy of Original Degree Certificate.

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 Callege	Designation	Designation Joining Date		Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	25-08-2020	30-03-2023	2	7	6
APOLLO ENGINEERING COLLEGE	ASSISTANT PROFESSOR	06-12-2017	25-05-2018	0	5	20
SRI VENKATESHWARA INSTITUTE OF ENGINEERING	ASSISTANT PROFESSOR	03-07-2013	29-09-2017	4	2	27
LOYOLA INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-01-2019	20-03-2020	1	2	20
	Total					

V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	Relieving Date	E	xperience	•
Organisation	Designation	Work	Joining Date	Keneving Date	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) 6	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 40	Central Evaluation (No. of scripts Evaluated) 1000	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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. NAVEENKUMAR M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/60, GIDDANAHALLI
Line 2	PENNAGARAM, 636809
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 8526432296
Email	NAVEENKUMAR.MECH@JIT.NET.IN
Gender	MALE
Community	MBC
PAN Number	AWYPN7086M
Passport Number	AMYPN7086M
Aadhar Number	988657377926
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	3568141407
Date of Birth	20-06-1992
Age	31
I. Particulars of Educational Qualification : (only compl	eted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEER ING	2014	PARK COLLEGE OF ENGINEER ING AND TECHNOL OGY	ANNA UNIVERSI TY	6.84	FIRST CLASS	Auto Hutterary Auto Hutterary
P.G.	M.E.	ENGINEER ING DESIGN	2016	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.5	FIRST CLASS	Auto Intervity Auto Intervity

^{*} Upload Scanned copy of Original Degree Certificate.

Score : File :

TT	Titla	of Dh	\mathbf{D}	Thesis
	11116	M P II		1114616

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	E	xperience	,
	Name of the conege	Joining De	Johning Date	Working Institutions	Years	Months	Days
	JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	28-09-2016	31-03-2023	6	6	3
				Total	6	6	6

V. Industrial Experience :

Name of the	Designation	Nature of Work	Joining Data	Relieving Date	E	xperience	e
Organisation	Designation	Nature of Work	Joining Date	Refleving Date	Years	Months	Days

VI. C.O.E. Appointment Experience :

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

×	- · I · · · · · · · · · · · · · · · · ·			<u>. </u>	3
	AUR (No. of	Squad Member	External Examiner (Practical)	Central Evaluation (No. of scripts	Re-Evaluation (No. of scripts
I	days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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



	6109 - JAYALAKSHMI INSTITUTE OF
Name of the Degree & Course Name of the faculty member Regular Or Adjunct Image Present Designation Residential Address Line 1 Line 2 District Telephone number Mobile number Email Gender Community PAN Number Passport Number Aadhar Number Faculty code given by C.O.E. Faculty code given by A.I.C.T.E.	TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EGENERAL ENGINEERING
Name of the faculty member	MR. PRABHU M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	131, PANNAPATTI,
Line 2	OMALUR 636305
District	SALEM
Telephone number	-
Mobile number	+91 - 9788312780
Email	PRABHUSPARKELS@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CSBPP1725L
Passport Number	
Aadhar Number	468414326877
Faculty code given by C.O.E.	6109254
Faculty code given by A.I.C.T.E.	7436690931
Date of Birth	13-03-1996
Age	27
I. Particulars of Educational Qualification : (only comp	leted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2017	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.24	FIRST CLASS	Again Buring Right
P.G.	M.E.	CAD/CAM	2019	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	8.11	FIRST CLASS	and Huisraily I want of the state of the st

^{*} Upload Scanned copy of Original Degree Certificate.

Score : File :

TT	Title	of Dh	D	Thesis
	THIE	or Pn		i nesis

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	E	xperience	•
Name of the College	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	17-02-2020	31-03-2023	3	1	13
	Total					

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :

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

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

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

Signature of the Faculty	H. Craff

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. RAJASEKAR C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/140,SUGANTHI ILLAM,PERIYAR NAGAR,DINNAPALLI CHOODAPURAM VILL,BELATHUR PO,HOSUR TK
Line 2	KRISHNAGIRI DT,635124
District	KRISHNAGIRI
Telephone number	04344 - 254866
Mobile number	+91 - 7200340566
Email	RAJASEKARC28@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	BKVPR9549F
Passport Number	NIL
Aadhar Number	368990601369
Faculty code given by C.O.E.	6109201
Faculty code given by A.I.C.T.E.	13565959924
Date of Birth	28-02-1983
Age	40
I. Particulars of Educational Qualification : (only c	ompleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e		
U.G.	B.SC.	OTHERS - MATHEMA TICS	2006	OTHERS - SACRED HEART COLLEGE THIRUPAT TUR VELLORE DISTRICT	UNIVERSI TY OF MADRAS	61.64	FIRST CLASS	THE STATE OF THE S		
P.G.	M.SC.	OTHERS - MATHEMA TICS	2008	OTHERS - SRI RAMAKRIS HNA MISSION VIDHYALA YA COLLEGE OF ARTS AND SCIENCE PERIYANA ICKENPAL AYAM COIMBAT ORE	BHARATHI YAR UNIVERSI TY	70.09	FIRST CLASS	Copy of source page of the copy of the cop		
OTHERS - M.PHIL.	OTHERS - M.PHIL.	OTHERS - MATHEMA TICS	2010	OTHERS - GANDHIG RAM RURAL INSTITUT E DEEMED UNIVERSI TY DINDIGUL	OTHERS - GANDHIG RAM RURAL INSTITUT E DEEMED UNIVERSI TY	75.15	FIRST CLASS	Company House, Service of the Company of the Compan		
	Supload Scanned copy of Original Degree Certificate. La. Additional Qualification: NO ADDITIONAL QUALIFICATION									

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	E	Experience	
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
OTHERS - ARCHANA INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	18-08-2010	11-03-2015	4	6	25
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	06-03-2017	09-03-2023	6	0	4
	Total					

V. Industrial Experience :

Name of the	Designation	Nature of Work	Joining Data	Relieving Date	E	Experience	
Organisation	Designation	Nature of Work	Joining Date	Refleving Date	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) 3000	Re-Evaluation (No. of scripts Evaluated) 300
-------------------------	----------------------------------	---	---	---

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. VENKATESH K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/14,METTU VELLALAR STREET
Line 2	KONDALAMPATTY,636010
District	SALEM
Telephone number	-
Mobile number	+91 - 6381573020
Email	JFVENKY@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AQWPV5925B
Passport Number	
Aadhar Number	794369289025
Faculty code given by C.O.E.	6113126
Faculty code given by A.I.C.T.E.	3573873498
Date of Birth	10-06-1984
Age	39
I. Particulars of Educational Qualification : (on	ly completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2008	MAHEND RA ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	6.9	FIRST CLASS	Description of the second of t
P.G.	M.E.	ENGINEE RING DESIGN	2011	SONA COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	8.5	FIRST CLASS	The second secon

^{*} Upload Scanned copy of Original Degree Certificate.

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) $\mbox{*}$

Name of the College	Designation	Joining Data	Relieving Date / Current Date	E	Experience	
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	9 8	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	29-06-2018	31-03-2023	4	9	2
V S A GROUP OF INSTITUTIONS	ASSISTANT PROFESSOR	11-07-2016	07-04-2017	0	8	28
MAHENDRA ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	07-07-2011	29-07-2014	3	0	23
			Total	8	6	26

V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	Relieving Date	Experience Years Months		9
Organisation	Designation	Work	Joining Date		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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)
uays)	(No. of days)	(No. of days)	Evaluateu)	

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

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. ARULPRAKASH M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/319, GENGALAPURAM,PAGALAHALLI
Line 2	NALLAMPALLI-636807
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9159549154
Email	ARUL005@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BNJPA4668R
Passport Number	
Aadhar Number	711093004367
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	356759456
Date of Birth	22-04-1993
Age	30
i	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2014	CHRIST THE KING ENGINEE RING COLLEGE	ANNA UNIVERSI TY	78	FIRST CLASS	Anna Britarray
P.G.	M.E.	CAD/CAM	2016	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	80	FIRST CLASS	Anni Militerative de la constanti de la consta

st Upload Scanned copy of Original Degree Certificate.

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	E	xperience	e
	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	10-08-2016	31-03-2023	6	7	22
	Total					

V. Industrial Experience :

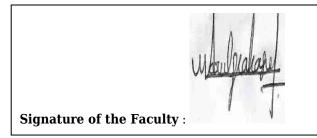
Name of the	Designation	Nature of	Joining Date	Relieving Date	<u> </u>	xperience	
Organisation	Designation	Work	Joining Date	Keneving Date	Years	Months	Days

VI. C.O.E. Appointment Experience :

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

- 1					<u> </u>
	AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
	(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
	days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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



	<u> </u>			
Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY			
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING			
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING			
Name of the faculty member	MR. SATHEESH N			
Regular Or Adjunct	Regular			
Image				
Present Designation	ASSISTANT PROFESSOR			
Residential Address Line 1	4/42, VEERAKKAL COLONY			
Line 2	VEERAKKAL POST, METTUR TK			
District	SALEM			
Telephone number	-			
Mobile number	+91 - 9786806008			
Email	SATHEESHN.ER@GMAIL.COM			
Gender	MALE			
Community	SC			
PAN Number	DNKPS9833P			
Passport Number				
Aadhar Number	798982374087			
Faculty code given by C.O.E.				
Faculty code given by A.I.C.T.E.	7452805968			
Date of Birth	05-03-1991			
Age	32			
I. Particulars of Educational Qualification : (only completed)				

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2016	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	68	SECOND CLASS	Anna Huirerity Anna Huirerity
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2019	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	77	FIRST CLASS	The United States of the Control of

^{*} Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification}: \textbf{-} \ \texttt{NO} \ \texttt{ADDITIONAL} \ \texttt{QUALIFICATION}$

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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2019	25-03-2023	3	8	25
			Total	3	8	29

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience:

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

AUR Squad (No. of Membe days) (No. of da	(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.



	1
Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. REVATHI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	SARAKAPILLAIUR, OMALUR
Line 2	638305
District	SALEM
Telephone number	-
Mobile number	+91 - 9597923640
Email	REVATHI.CSE@JIT.NET.IN
Gender	FEMALE
Community	MBC
PAN Number	DCTPR9247E
Passport Number	
Aadhar Number	555149963578
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	4620743150
Date of Birth	08-01-1988
Age	35
I. Particulars of Educational Qualification : (only completed))
1. Turnediars of Educational Quantication : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	в.тесн.	INFORMA TION TECHNOL OGY	2012	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	76	FIRST CLASS	And Alling and Control of the Contro
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2014	DR NAGARAT HINAM'S COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	78	FIRST CLASS	Amaz Britarraty Amaz B

^{*} Upload Scanned copy of Original Degree Certificate.

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	/ Current Date		Relieving Date / Current Date	E	xperience	•
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-12-2017	25-03-2023	5	3	25
			Total	5	3	26

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience :

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 3	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.

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. SETTU C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	P.VALAMPATTI O.G. HALLI PO ,PENNAGARAM TK
Line 2	DHARMAPURI 636809
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9688426656
Email	SETTUVCS66@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	MROPS1347D
Passport Number	NIL
Aadhar Number	477676324936
Faculty code given by C.O.E.	6109179
Faculty code given by A.I.C.T.E.	13237129147
Date of Birth	06-06-1990
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEM ATICS	2010	OTHERS - VIDHYAM ANDIR ARTS COLLEGE	PERIYAR UNIVERSI TY	79	DISTINCT ION	A CONTROL OF THE CONT
P.G.	M.SC.	OTHERS - MATHEM ATICS	2013	OTHERS - VIDHYAM ANDIR ARTS COLLEGE	PERIYAR UNIVERSI TY	80	DISTINCT ION	A STATE OF THE PROPERTY OF THE
P.G.	OTHERS - M.PHIL	OTHERS - MATHEM ATICS	2016	OTHERS - VIDHYA MANDIR ARTS COLLEGE	PERIYAR UNIVERSI TY	76	DISTINCT ION	FOR ALTERNATION OF THE PROPERTY OF THE PROPERT

^{*} Upload Scanned copy of Original Degree Certificate.

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 Data	Relieving Date / Current Date for Presently Working Institutions	Experience		
Name of the Conege		Joining Date		Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY ASSISTANT PROFESSOR		14-07-2016	09-03-2023	6	7	27
	6	7	0			

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience :

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

(No. of Member (Examiner ctical) Central Evaluation (No. of scripts Evaluated) 3000	Re-Evaluation (No. of scripts Evaluated) 200
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It is certified that all the information provided are true to the best of my knowledge.



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.ECIVIL ENGINEERING
Name of the faculty member	MR. MUTHUSELVAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/231, NEAR PERIYAR NAGAR, MUTHUNAICKENPATTI POST, OMALUR TALUK
Line 2	SALEM-636304
District	SALEM
Telephone number	-
Mobile number	+91 - 9629725091
Email	MUTHUSELVAN.CIVIL@JIT.NET.IN
Gender	MALE
Community	MBC
PAN Number	ETSPM3609E
Passport Number	L9179147
Aadhar Number	978300401145
Faculty code given by C.O.E.	6109120
Faculty code given by A.I.C.T.E.	2283506389
Date of Birth	06-01-1990
Age	33
I. Particulars of Educational Qualification : (only comp	pleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2011	K S R COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	69.9	FIRST CLASS	
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2014	K S RANGASA MY COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	72.6	FIRST CLASS	And Hilliers in

^{*} Upload Scanned copy of Original Degree Certificate.

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	E	xperience	•
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	30-06-2014	09-03-2023	8	8	10
			Total	8	8	14

V. Industrial Experience:

Name of the	Decignation	Nature of Work	Joining Date	Relieving Date	E	xperience	9
Organisation	Designation	Nature of Work	Joining Date	Keneving Date	Years	Months	Days

VI. C.O.E. Appointment Experience :

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	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 :	Signature-of the Faculty						

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. KALAIVANI C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7/127, T/PUTHUR, THOPPUR
Line 2	NALLAPALLI-636702
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9677406315
Email	KALAIVANIMBA31@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BULPG2205D
Passport Number	
Aadhar Number	900905790725
Faculty code given by C.O.E.	6109258
Faculty code given by A.I.C.T.E.	17472626312
Date of Birth	07-05-1995
Age	28
I. Particulars of Educational Qualification : (only con	npleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - ZOOLOGY	2015	OTHERS - SEVEN ARTS AND SCIENCE COLLEGE	OTHERS - AUTONOM OUS	75	FIRST CLASS	Section and the section of the secti
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2017	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	74	FIRST CLASS	Agus Bullerang Comments of the

^{*} Upload Scanned copy of Original Degree Certificate.

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			Relieving Date / Current Date for Presently	Experience		
Name of the College	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	02-01-2019	09-03-2023	4	2	8
			Total	4	2	9

V. Industrial Experience:

Name of the Design	Designation	esignation Nature of Work	Joining Date	Relieving Date	Experience		
Organisation	Designation	Nature of Work	Joining Date	Kelleving Date	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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

	S.	
Signature of the Faculty :	National Continues	

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY		
Name of the Department	CIVIL ENGINEERING		
Name of the Degree & Course	B.ECIVIL ENGINEERING		
Name of the faculty member	MR. KARTHIGEYAN M		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	ODDANUR, NERUPPUR POST		
Line 2	PENNAGARAM TK		
District	DHARMAPURI		
Telephone number	-		
Mobile number	+91 - 9626175513		
Email	ER.KARTHIGEYAN@GMAIL.COM		
Gender	MALE		
Community	MBC		
PAN Number	EIFPK4279A		
Passport Number			
Aadhar Number	247782062492		
Faculty code given by C.O.E.	6109246		
Faculty code given by A.I.C.T.E.	4648196084		
Date of Birth	25-06-1987		
Age	36		
I. Particulars of Educational Qualification : (only com	pleted)		

Categor	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2010	JAYAM COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	66	FIRST CLASS	Anna Motorcery Anna Motorcery
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2012	GOVERN MENT COLLEGE OF ENGINEE RING SALEM (AUTONO MOUS)	ANNA UNIVERSI TY	8.01	FIRST CLASS	Anni Hufura (grand and and and and and and and and and

^{*} Upload Scanned copy of Original Degree Certificate.

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) $\mbox{*}$

Name of the Callege	Docimotion	Jainin - Data	Relieving Date / Current Date		Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	02-07-2018	09-03-2023	4	8	8	
JAYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2014	28-04-2017	2	9	28	
HOSUR INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-07-2013	31-01-2014	0	6	31	
	Total					8	

V. Industrial Experience :
William Emperiories V

Name of the	Designation	nation Nature of Joining Date Relieving Date	Experience				
Organisation	Designation	Work	Joining Date	Kellevilly Date	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) 100	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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY		
Name of the Department	INFORMATION TECHNOLOGY		
Name of the Degree & Course	B.TECHARTIFICIAL INTELLIGENCE AND DATA SCIENCE		
Name of the faculty member	MRS. SOUNDHARYA G		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	CHINNATHIRUPATHI		
Line 2 OMALUR			
District	SALEM		
Telephone number	-		
Mobile number	+91 - 7092578096		
Email	GREATSOUNDHU@GMAIL.COM		
Gender	FEMALE		
Community	MBC		
PAN Number	LBBPS4180E		
Passport Number			
Aadhar Number	319010443609		
Faculty code given by C.O.E.			
Faculty code given by A.I.C.T.E.	4641846114		
Date of Birth	27-05-1995		
Age	28		
I. Particulars of Educational Qualification : (only comp	pleted)		

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2016	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	72	FIRST CLASS	
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2018	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	74	FIRST CLASS	Anna Hillicrapy The state of t

^{*} 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) *

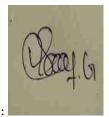
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	04-06-2018	25-03-2023	4	9	22
			Total	4	9	26

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience:

AUR Squad (No. of Membe days) (No. of da	(No of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
--	--------------	---	--



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	M.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. KEERTHANA J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NALLAMPALLI
Line 2	DHARMAPURI- 636807
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 8681876981
Email	KEERTHANA96.ER@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	DOGPK6620R
Passport Number	
Aadhar Number	771266777432
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	4642183251
Date of Birth	09-06-1993
Age	30
I. Particulars of Educational Qualification : (only comp	leted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2014	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	8.5	FIRST CLASS	ma hidrane.
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2016	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.8	FIRST CLASS	And Interest Control of the Control

^{*} Upload Scanned copy of Original Degree Certificate.

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) *

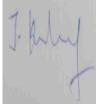
Name of the College	Designation Joining Date		Relieving Date / Current Date for Presently		Experience		
Name of the College	Designation	Johning Date	Working Institutions	Years	Months	Days	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	27-12-2016	25-03-2023	6	2	30	
	Total						

V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	Relieving Date	Е	xperience	9
Organisation	Designation	Work	Joining Date	Kellevilly Date	Years	Months	Days

VI. C.O.E. Appointment Experience :

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	M.EPOWER SYSTEMS ENGINEERING
Name of the faculty member	MS. DAYANADEVI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/357,MADHUKARAI PUDHUR.PO,OMALUR.TK
Line 2	SALEM,636305
District	SALEM
Telephone number	-
Mobile number	+91 - 9688050939
Email	DAYANADEVI.S@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CQPPD1802A
Passport Number	
Aadhar Number	987115959452
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	12998122425
Date of Birth	31-05-1990
Age	33
I. Particulars of Educational Qualification: (only complete	d)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2011	MAHEND RA INSTITUT E OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	75	FIRST CLASS	The second secon
P.G.	M.E.	POWER SYSTEMS ENGINEE RING	2015	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	78	FIRST CLASS	The second secon

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience		
	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	15-06-2015	30-03-2023	7	9	15
			Total	7	9	19

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience :



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. GEETHA G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9/77 A CHINNATHIRUPATHY
Line 2	OMALUR, 636305
District	SALEM
Telephone number	-
Mobile number	+91 - 9626644819
Email	GEETHU.GMPK@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BYCPG5641Q
Passport Number	
Aadhar Number	242082413717
Faculty code given by C.O.E.	6109171
Faculty code given by A.I.C.T.E.	3215932304
Date of Birth	16-04-1993
Age	30
I. Particulars of Educational Qualification : (only complete	d)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2014	GOVERN MENT COLLEGE OF ENGINEE RING BARGUR (AUTONO MOUS)	ANNA UNIVERSI TY	79	FIRST CLASS	and Hullerray
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2016	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	79	FIRST CLASS	Ann Hairrenty Comments of the

^{*} Upload Scanned copy of Original Degree Certificate.

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	E	xperience	•
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2016	25-03-2023	6	8	25
			Total	6	8	29

V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	Relieving Date	E	Experience	
Organisation	Designation	Work	Johning Date		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) 4	Central Evaluation (No. of scripts Evaluated) 200	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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. GAYATHRI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	POOSARIPATTI
Line 2	OMALUR
District	SALEM
Telephone number	-
Mobile number	+91 - 9677361013
Email	GAYATHRI@JIT.NET.IN
Gender	FEMALE
Community	MBC
PAN Number	AZYPG0881G
Passport Number	
Aadhar Number	203340153964
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	4622259207
Date of Birth	27-06-1990
Age	33
I. Particulars of Educational Qualification : (only completed	d)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2011	SENGUNT HAR COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	85	FIRST CLASS	The second of th
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2017	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	72	FIRST CLASS	Anna Huiterafty

^{*} Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification}: \textbf{-} \ \texttt{NO} \ \texttt{ADDITIONAL} \ \texttt{QUALIFICATION}$

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	E	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	04-06-2018	25-03-2023	4	9	22	
			Total	4	9	26	

V. Industrial Experience:

Name	of the	Designation	Nature of	Joining Date	Relieving Date		xperience	•
Organi	sation	Designation	Work	Joining Date	Keneving Date	Years	Months	Days

VI. C.O.E. Appointment Experience :

AUR Squad (No. of Membe days) (No. of da	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
--	---	---	--



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. JOHN PETER V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	AMUTHAM COLONY
Line 2	DHARMAPURI
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9003778725
Email	ARUNAIJOHN@GMAIL.COM
Gender	MALE
Community	ВС
PAN Number	ASIPJ5526E
Passport Number	
Aadhar Number	570351713805
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	26-01-1991
Age	32
I. Particulars of Educational Qualification : (only completed))

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2012	ARUNAI ENGINEE RING COLLEGE	ANNA UNIVERSI TY	78	FIRST CLASS	and Buriaraily
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2016	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	78	FIRST CLASS	ACAD MUNICIPAL STATES OF THE S

^{*} Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification}: \textbf{-} \ \texttt{NO} \ \texttt{ADDITIONAL} \ \texttt{QUALIFICATION}$

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	E	xperience	•
Name of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	27-12-2016	25-03-2023	6	2	30
			Total	6	2	1

V. Industrial Experience:

Name	of the	Designation	Nature of	Joining Date	Relieving Date		xperience	•
Organi	sation	Designation	Work	Joining Date	Keneving Date	Years	Months	Days

VI. C.O.E. Appointment Experience:

AUR (No. of days) (I	Squad Member No. of days)	External Examiner (Practical) (No. of days) 3	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
----------------------------	---------------------------------	--	---	--



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MR. THIRUPPATHI A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	MARIYAMMAN KOILUR,VILL,MUKKULAM PO, KARIMANGALAM TK,
Line 2	DHARMAPURI
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9688084440
Email	THIRU1736@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AISPT1779M
Passport Number	
Aadhar Number	421692137039
Faculty code given by C.O.E.	6109106
Faculty code given by A.I.C.T.E.	12183697772
Date of Birth	02-06-1985
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - CHEMIST RY	2006	OTHERS - PMP COLLEGE	PERIYAR UNIVERSI TY	59	SECOND CLASS	The second of th
P.G.	M.SC.	OTHERS - CHEMIST RY	2010	OTHERS - JAMAAL MUHAME D	BHARATH IDASAN UNIVERSI TY	73	FIRST CLASS	THE REPORT OF THE PROPERTY OF
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - CHEMIST RY	2012	OTHERS - JAMAAL MUHAME D	BHARATH IDASAN UNIVERSI TY	70	FIRST CLASS	STORE SECTION AND ADDRESS OF THE PROPERTY OF T

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
SRI VENKATESWARA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	06-01-2012	05-01-2013	0	11	1
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2013	09-03-2023	9	9	9
			Total	10	8	15

V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	Relieving Date	experience	.
Organisation	Designation	Work	Joining Date	Keneving Date	Months	Days

VI. C.O.E. Appointment Experience :

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

AUR (No. of days) 3 Squad Member (No. of days)	External Examiner	Central Evaluation	Re-Evaluation
	(Practical)	(No. of scripts	(No. of scripts
	(No. of days)	Evaluated)	Evaluated)
	40	3000	400

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.ECIVIL ENGINEERING
Name of the faculty member	MRS. AARTHI V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	SALEM
Line 2	SALEM
District	SALEM
Telephone number	-
Mobile number	+91 - 9758645821
Email	AARTHI.CIVIL@JIT.NET.IN
Gender	FEMALE
Community	ВС
PAN Number	AYRPA3823C
Passport Number	
Aadhar Number	330229392018
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	2984404607
Date of Birth	16-04-1991
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ Year of ation Passin		Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2012	DHANALA KSHMI SRINIVAS AN ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	84	FIRST CLASS	Anna Mericeraty Company of the Comp
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2015	SHREENI VASA ENGINEE RING COLLEGE	ANNA UNIVERSI TY	78	FIRST CLASS	man Huiteracty Amount of the control of the contro

^{*} Upload Scanned copy of Original Degree Certificate.

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	E	xperience	•
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-03-2016	09-03-2023	7	0	9
			Total	7	0	9

V. Industrial Experience:

Name of the	Designation	Nature of	Joining Date	Relieving Date	xperience	9
Organisation	Designation	Work	Joining Date		Months	Days

VI. C.O.E. Appointment Experience :

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

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

Signature of the Faculty:

Name of the College Name of the Department ELECTRONICS AND COMMUNICATION ENGINEERING Name of the Degree & Course M.EEMBEDDED SYSTEM TECHNOLOGIES Name of the faculty member MR. LOGANATHAN A Regular Or Adjunct Regular Present Designation ASSISTANT PROFESSOR Residential Address Line 1 Line 2 NEIKARAPATTI District SALEM Telephone number					
Name of the Degree & Course M.EEMBEDDED SYSTEM TECHNOLOGIES Name of the faculty member MR. LOGANATHAN A Regular Regular Image Present Designation ASSISTANT PROFESSOR VEERAKARANKOVIL Line 2 NEIKARAPATTI District Telephone number - Mobile number +91 - 9786814388 Email ALOGU85@GMAIL.COM Gender MALE Community MBC PAN Number Passport Number	Name of the College				
Name of the Degree & Course TECHNOLOGIES Name of the faculty member Regular Regular Regular Present Designation ASSISTANT PROFESSOR Residential Address Line 1 Line 2 NEIKARAPATTI District SALEM Telephone number	Name of the Department				
Image Present Designation Residential Address Line 1 Line 2 NEIKARAPATTI District Telephone number Mobile number Hell - 9786814388 Email ALOGU85@GMAIL.COM MALE Community MBC PAN Number Passport Number	Name of the Degree & Course				
Image Present Designation ASSISTANT PROFESSOR Residential Address Line 1 Line 2 NEIKARAPATTI District SALEM Telephone number	Name of the faculty member	MR. LOGANATHAN A			
Present Designation ASSISTANT PROFESSOR Residential Address Line 1 Line 2 NEIKARAPATTI District SALEM Telephone number	Regular Or Adjunct	Regular			
Residential Address Line 1 Line 2 NEIKARAPATTI District SALEM Telephone number	Image				
Line 1 Line 2 NEIKARAPATTI District SALEM Telephone number - Mobile number +91 - 9786814388 Email ALOGU85@GMAIL.COM Gender MALE Community MBC PAN Number ADYPL4115G Passport Number	Present Designation	ASSISTANT PROFESSOR			
District SALEM Telephone number - Mobile number +91 - 9786814388 Email ALOGU85@GMAIL.COM Gender MALE Community MBC PAN Number ADYPL4115G Passport Number		VEERAKARANKOVIL			
Telephone number - H91 - 9786814388 Email ALOGU85@GMAIL.COM Gender MALE Community MBC PAN Number ADYPL4115G Passport Number	Line 2	NEIKARAPATTI			
Mobile number +91 - 9786814388 Email ALOGU85@GMAIL.COM Gender MALE Community MBC PAN Number ADYPL4115G Passport Number	District	SALEM			
Email ALOGU85@GMAIL.COM Gender MALE Community MBC PAN Number ADYPL4115G Passport Number	Telephone number	-			
Gender MALE Community MBC PAN Number ADYPL4115G Passport Number	Mobile number	+91 - 9786814388			
Community MBC PAN Number ADYPL4115G Passport Number	Email	ALOGU85@GMAIL.COM			
PAN Number ADYPL4115G Passport Number	Gender	MALE			
Passport Number	Community	MBC			
	PAN Number	ADYPL4115G			
	Passport Number				
Aadhar Number 886308990610	Aadhar Number	886308990610			
Faculty code given by C.O.E.	Faculty code given by C.O.E.				
Faculty code given by A.I.C.T.E. 2998248643	Faculty code given by A.I.C.T.E.	2998248643			
Date of Birth 15-03-1985	Date of Birth	15-03-1985			
Age 38	Age	38			
I. Particulars of Educational Qualification : (only completed)	I. Particulars of Educational Qualification : (only completed)				

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2008	MUTHAYA MMAL ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	69	FIRST CLASS	Balanceing County Balanceing County Balanceing Annual membalan and an administration of annual and annual
P.G.	M.E.	APPLIED ELECTRO NICS	2012	ANNAI MATHAM MAL SHEELA ENGINEE RING COLLEGE	ANNA UNIVERSI TY	80	FIRST CLASS	and almirration

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the Conege	Designation	Johning Date	Working	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-12-2015	30-03-2023	7	3	30
			Total	7	3	1

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience :

(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)	
---	-------------------------	----------------------------------	---	---	--	--



6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
COMPUTER SCIENCE AND ENGINEEERING
M.ECOMPUTER SCIENCE AND ENGINEERING
MRS. SUBHA S
Regular
ASSISTANT PROFESSOR
20/81, NADU MOTTUR
KANJANAICKENPATTI PO, KADAYAMPATTI TK, 636305
SALEM
-
+91 - 6380902979
SUBHAWWW@GMAIL.COM
FEMALE
MBC
FWHPS1247H
822449826326
06-06-1992
31

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2014	NARASU'S SARATHY INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	77	FIRST CLASS	Annua Abrigarati, and a second
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2016	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	78	FIRST CLASS	Anna History of the control of the c

^{*} Upload Scanned copy of Original Degree Certificate.

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			Relieving Date / Current Date for Presently	Experience				
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days		
NARASU'S SARATHY INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	13-06-2017	30-01-2019	1	7	17		
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2019	25-03-2023	3	8	25		
	Total							

V. Industrial Experience :

Name of the Desi	Designation	Nature of	Joining Date	Relieving Date	E	xperience	•	
Or	rganisation	Designation	Work	Joining Date		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) 500	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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.EGENERAL ENGINEERING
Name of the faculty member	MR. PRABAKARAN K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4153, APPASWAMY SPLENDOUR, OMR
Line 2	SEMMANCHERI
District	CHENNAI
Telephone number	-
Mobile number	+91 - 9739711141
Email	KANNANPRABAKARAN84@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AOQPP6311K
Passport Number	
Aadhar Number	431741139486
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43371362566
Date of Birth	11-07-1984
Age	39
I. Particulars of Educational Qualification : (only comp	leted)

Category	Name of the Degree	Specializat ion	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.	ELECTRON ICS AND COMMUNI CATION ENGINEERI NG	2005	OTHERS - VMKV ENGINEERI NG COLLEGE	ANNA UNIVERSIT Y	8.5	DISTINCTI ON	Anna Minterestry Control of the con
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERI NG	2022	JAYALAKSH MI INSTITUTE OF TECHNOLO GY	ANNA UNIVERSIT Y	7.8	FIRST CLASS	ANNAMO PERITY PERITANA CONTROL OF THE PERITANA CONTRO

^{*} Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification:-} \ \ \text{NO ADDITIONAL QUALIFICATION}$

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	E	xperience	•
	Name of the College	Designation	Johning Date	Working Institutions	Years	Months	Days
١ -	JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	02-05-2022	25-03-2023	0	10	24
				Total	0	10	29

V. Industrial Experience :

Name of the	Decignation	Nature of Work	Joining Date	Relieving Date	Е	xperience	•
Organisation	Designation	Nature of Work	Joining Date		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)
٠ , ١		` ,	,	

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MR. SIVAKUMAR P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 3/209, MEL RAJATHOPPU
Line 2	MITTA THINNA HALLI
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9677645424
Email	SIVASHA1921@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	HOQPS4696M
Passport Number	
Aadhar Number	929374477913
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	07-07-1992
Age	31
I. Particulars of Educational Qualification : (only completed)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - PHYSICS	2012	OTHERS - GOVT ARTS ANS SCIENCE DHARMAP URI	PERIYAR UNIVERSI TY	74	FIRST CLASS	The second secon
P.G.	M.SC.	OTHERS - PHYSICS	2015	OTHERS - KAMATHE NU COLLEGE OF ARTS DHARMAP URI	PERIYAR UNIVERSI TY	77	DISTINCTI ON	State of the state
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - PHYSICS	2019	OTHERS - PG EXTENSIO N CENTER	NATIONAL INSTITUTE OF TECHNOL OGY,TIRU CHIRAPPA LLI	81	DISTINCTI ON	PORT AND THE PROPERTY OF THE P

^{*} Upload Scanned copy of Original Degree Certificate.

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) $\mbox{*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date	E	xperience	•
Name of the Conege	Working Institutions	Years	Months	Days		
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	09-03-2022	09-03-2023	1	0	1
			Total	1	0	1

V. Industrial Experience :

Name of the	Designation	Nature of Work	Vork Joining Date Relieving Dat	Polioving Dato	Experience			
Organisation	Designation	Nature of Work	Joining Date	Kellevilly Date		Months	Days	

VI. C.O.E. Appointment Experience :

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

Г	<u> </u>				
	AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
	(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
	days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. SILAMBARASAN V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/70,SIVANKOVIL ST
Line 2	ADHIYAMANKOTTAI,DHARMAPURI,636807
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9384707065
Email	SILAMBARASAN.MECH@JIT.NET.IN
Gender	MALE
Community	MBC
PAN Number	JKXPS9286L
Passport Number	
Aadhar Number	516367814063
Faculty code given by C.O.E.	6109273
Faculty code given by A.I.C.T.E.	11339449324
Date of Birth	30-05-1994
Age	29
I. Particulars of Educational Qualification : (only comple	ted)

Category	Name of the Degree	Specializat ion	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.	MECHANIC AL ENGINEERI NG	2015	VARUVAN VADIVELA N INSTITUTE OF TECHNOLO GY	ANNA UNIVERSIT Y	7.2	FIRST CLASS	And Hairman
P.G.	M.E.	CAD/CAM	2020	JAYALAKSH MI INSTITUTE OF TECHNOLO GY	ANNA UNIVERSIT Y	7.1	FIRST CLASS	And Militerate and the second of the second

^{*} Upload Scanned copy of Original Degree Certificate.

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	/ Current Date		xperience	nce	
Name of the Conege	Designation	Johning Date	Working Institutions		Days	
YALAKSHMI INSTITUTE F TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2021	31-03-2023	1	8	31
			Total	1	9	5

V. Industrial Experience :

Name of the Organisation	Decignation	Nature of Work	Joining Date	Relieving Date	E	xperience	•
Organisation	Designation	Nature of Work	Joining Date	Keneving Date	Years	Months	Days

VI. C.O.E. Appointment Experience :

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

	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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. RITHISH D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	C12,TATA COLONY
Line 2	JUNCTION MAIN ROAD, SALEM-5
District	SALEM
Telephone number	-
Mobile number	+91 - 9677601026
Email	RITHISH87@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	WDRGR3746K
Passport Number	
Aadhar Number	943676521370
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	3571687003
Date of Birth	16-12-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2009	MUTHAYA MMAL ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	71	FIRST CLASS	The second secon
P.G.	M.E.	CAD/CAM	2015	THE KAVERY COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	74	SECOND CLASS	

^{*} Upload Scanned copy of Original Degree Certificate.

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	E	xperience	•
Name of the conege	Designation	Johning Date	for Presently Working Institutions Years Months Days			
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	16-09-2015	31-03-2023	7	6	15
			Total	7	6	18

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience :

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

AUR Squad External Examiner (No. of Member (Practical) (No. of days) (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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY		
Name of the Department	PHYSICS		
Name of the Degree & Course	S&H-PHYSICS		
Name of the faculty member	MRS. KASTHURI A		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	4/16, MAKKANUR, MAKKANUR PO, PENNAGARAM TK, DHARMAPURI		
Line 2 636803			
District	DHARMAPURI		
Telephone number	-		
Mobile number	+91 - 6380893395		
Email	JIT.THOPPUR@GMAIL.COM		
Gender	FEMALE		
Community	MBC		
PAN Number	IJJPK4870E		
Passport Number			
Aadhar Number	543847547236		
Faculty code given by C.O.E.			
Faculty code given by A.I.C.T.E.	AU1		
Date of Birth	11-04-1990		
Age	33		
I. Particulars of Educational Qualification : (only completed)			

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - PHYSICS	2011	OTHERS - KAMADHE NU COLLEGE OF ARTS AND SCIENCE	PERIYAR UNIVERSI TY	72	FIRST CLASS	Section of the control of the contro
P.G.	M.SC.	OTHERS - PHYSICS	2014	OTHERS - VIJAY VIDYALAY A ARTS AND SCIENCE COLLEGE FOR WOMEN	PERIYAR UNIVERSI TY	74	FIRST CLASS	And a second sec
OTHERS - M.PHIL	OTHERS - PHYSICS	OTHERS - PHYSICS	2019	OTHERS - SELVAM ARTS AND SCIENCE COLLEGE NAMAKKA L	PERIYAR UNIVERSI TY	77	FIRST CLASS	The state of the s

^{*} Upload Scanned copy of Original Degree Certificate.

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 th	o Collogo	Designation Joining		Relieving Date / Current Date Joining Date for Presently		Experience		
Name of th	Name of the College	Designation	Joining Date	Working Institutions	Years	Months	Days	
JAYALAKSHM INSTITUTE O TECHNOLOG	F	ASSISTANT PROFESSOR	01-12-2022	09-03-2023	0	3	9	
				Total	0	3	10	

V. Industrial Experience :	
----------------------------	--

Name of the	Designation Nature of	Nature of	Joining Date		e Relieving Date	Experience				
Organisatio	n	Work Join		Ig Date Reneving Dat			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	Squad Member	External Examiner (Practical)		Central Evaluation (No. of scripts		External Examiner Central Evaluatio			Evaluation of scripts	- 1

(No. of days)	Member (No. of days)	(Practical) (No. of days)	(No. of scripts Evaluated)	(No. of scripts Evaluated)

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

A. Kanj

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY		
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING		
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING		
Name of the faculty member	MRS. CHARUMATHI R		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	KOTHAKOTTAI		
Line 2 POCHAMPALLI			
District	KRISHNAGIRI		
Telephone number	-		
Mobile number	+91 - 8270507607		
Email	CHARUMCE12@GMAIL.COM		
Gender	FEMALE		
Community	MBC		
PAN Number	AWSPC5955G		
Passport Number			
Aadhar Number	283771158193		
Faculty code given by C.O.E.			
Faculty code given by A.I.C.T.E.	4641458633		
Date of Birth	14-04-1991		
Age	32		
I. Particulars of Educational Qualification : (only completed	l)		

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2012	MAHEND RA COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	77	FIRST CLASS	A SIGN A CHARGE AND A SIGN AND A
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2014	VARUVAN VADIVELA N INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	78	FIRST CLASS	Aum Hairrain

^{*} Upload Scanned copy of Original Degree Certificate.

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) $\mbox{*}$

Name of the College	Designation	esignation Joining Date		Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	04-06-2018	25-03-2023	4	9	22
			Total	4	9	26

V. Industrial Experience:

Name of the	le Designation	ignation Nature of Joinin	Joining Date	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date			Months	Days

VI. C.O.E. Appointment Experience :

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECHARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MR. KARTHIK R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	37/12F,SALEM MAIN ROAD
Line 2	METTUR DAM
District	SALEM
Telephone number	-
Mobile number	+91 - 9500619627
Email	KARTHIKMETTUR@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	СНҮРК9299Н
Passport Number	
Aadhar Number	948581426804
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9547330980
Date of Birth	06-01-1993
Age	30
I. Particulars of Educational Qualification : (only comp	pleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2014	ER PERUMAL MANIMEK ALAI COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	80	FIRST CLASS	nan ilhirradiy
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2020	MUTHAYA MMAL ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	94	FIRST CLASS	ADMINISTRATIVE CONTROL OF THE PROPERTY CONTROL OF THE

^{*} Upload Scanned copy of Original Degree Certificate.

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	/ Curren		Designation	Relieving Date / Current Date for Presently	E	xperience	.
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	08-02-2021	25-03-2023	2	1	18	
			Total	2	1	18	

V. Industrial Experience:

Name of the	Designation	Designation	Nature of	Joining Date	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date		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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. THAMOTHARAN E
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	CHINNAMMA JALIKADU VILL, RAMAMOORTHY NAGAR PO,
Line 2	SALEM 636354
District	SALEM
Telephone number	-
Mobile number	+91 - 9087168787
Email	THAMOTHARANMECH@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ANNPT5594J
Passport Number	
Aadhar Number	856297341554
Faculty code given by C.O.E.	6109186
Faculty code given by A.I.C.T.E.	13205338240
Date of Birth	31-12-1992
Age	31
I. Particulars of Educational Qualification : (only compl	eted)

Category	Name of the Degree	Specializa tion	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.	MECHANI CAL ENGINEER ING	2014	VEL TECH MULTI TECH DR RANGARAJ AN DR SAKUNTH ALA ENGINEER ING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	65.1	FIRST CLASS	man Historica Company of the Company
P.G.	M.E.	ENGINEER ING DESIGN	2016	SONA COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	82	FIRST CLASS	MASS MURETURE AND ADDRESS OF THE PROPERTY OF T

^{*} Upload Scanned copy of Original Degree Certificate.

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) $\ensuremath{^*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience	•
Name of the conege	College Designation Joining		Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	08-07-2016	31-03-2023	6	8	24
			Total	6	8	28

V. Industrial Experience :

Name of the	Designation	Nature of Work	Ioining Data	Policying Date	experience	e
Organisation	Designation Nature of Work Joining Date	Joining Date	Relieving Date	Months	Days	

VI. C.O.E. Appointment Experience :

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

AUR Squad External Examiner Central Evaluation Re-Evaluation	
11011 Squa Enternal Enaminer Contral Evaluation No Evaluation	ı
(No. of Member (Practical) (No. of scripts (No. of scripts	S
days) (No. of days) (No. of days) Evaluated) Evaluated)	

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY					
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING					
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING					
Name of the faculty member	MRS. ANITHA G					
Regular Or Adjunct	Regular					
Image						
Present Designation	ASSISTANT PROFESSOR					
Residential Address Line 1	358,THNB PHASE 1					
Line 2	THIRUPATHUR					
District	VELLORE					
Telephone number	-					
Mobile number	+91 - 6369822810					
Email	ANITHAGANBU@GMAIL.COM					
Gender	FEMALE					
Community	SC					
PAN Number	CHGPA3626R					
Passport Number						
Aadhar Number	250918904436					
Faculty code given by C.O.E.						
Faculty code given by A.I.C.T.E.	11448350920					
Date of Birth	18-01-1995					
Age	28					
I. Particulars of Educational Qualification : (only completed)						

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2016	PODHIGAI COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	6.82	FIRST CLASS	Anni Blitzerity Anni B
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2019	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.82	FIRST CLASS	TOTAL STATE OF THE

^{*} Upload Scanned copy of Original Degree Certificate.

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) $\mbox{*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience)
Name of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	17-01-2022	25-03-2023	1	2	9
	1	2	10			

V. Industrial Experience:

Name of the	Designation	Nature of	Joining Date	Relieving Date	xperience	•
Organisation	Designation	Work	Joining Date		Months	Days

VI. C.O.E. Appointment Experience :

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

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

	T
Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. ANANDHAKUMARAN V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/160 VANNIYAR STREET
Line 2	NALLAMPALLI
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 8608503697
Email	AKNITHRAN@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AQFPA7173F
Passport Number	
Aadhar Number	214175767430
Faculty code given by C.O.E.	6109284
Faculty code given by A.I.C.T.E.	111332516321
Date of Birth	25-05-1988
Age	35
I. Particulars of Educational Qualification : (only completed	1)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
P.G.	M.B.A.	OTHERS - HR MARKETI NG	2012	OTHERS - SRI VENKATE SHWARA INSTITUT E OF INFORMA TION TECHNOL OGY AND MANAGE MENT	ANNA UNIVERSI TY	78	FIRST CLASS	and Bhillierash and Shillierash and Sh

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	14-03-2022	09-03-2023	0	11	27
	Total					

V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	Relieving Date	Experience		
Organisation	Designation	Work		Keneving Date	Years	Months	Days
SKY GREEN EXPORTERRS	PROPRIETOR	EXPORT AND IMPORT	25-08-2013	04-03-2022	8	6	11
	Total						

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

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

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. GOVINDARASU M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/14 BAIRNATHAM PAAPIREDDIPATTY TK
Line 2	636905
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9345516845
Email	GOVINDARASUAPEEE@GMAIL.COM
Gender	MALE
Community	ST
PAN Number	CNTPG0188B
Passport Number	
Aadhar Number	616988069964
Faculty code given by C.O.E.	6109288
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	20-06-1977
Age	46
I. Particulars of Educational Qualification : (only compl	eted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEER ING	2012	SAPTHAGI RI COLLEGE OF ENGINEER ING	ANNA UNIVERSI TY	66	SECOND CLASS	The second secon
P.G.	M.E.	POWER SYSTEMS ENGINEER ING	2015	SAPTHAGI RI COLLEGE OF ENGINEER ING	ANNA UNIVERSI TY	72	FIRST CLASS	anni Albirgraph

^{*} Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification}: \textbf{-} \ \texttt{NO} \ \texttt{ADDITIONAL} \ \texttt{QUALIFICATION}$

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	Experience			
Name of the Conege	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days	
JAYA INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	08-04-2022	30-03-2023	0	11	22	
	Total						

V. Industrial Experience :

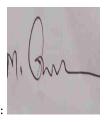
Name of the	Decignation	Nature of Work	Joining Date	Relieving Date		xperience	e
Organisation	Designation	Nature of Work	Joining Date	Keneving Date	Years	Months	Days

VI. C.O.E. Appointment Experience :

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

(No. of Member (Practical) (No. of scripts (No. of scrip	o. of Member (Practical) (No. of scripts (No. of scripts	ouplied y at the outlier of the outl										
days) (No. of days) (No. of days) Evaluated) Evaluated)	ve) (No ot days) (No ot days)		1 1		(No. of scripts							

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF
	TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. NAVEENA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6/216 PURAVADI VILLAGE,A JETTIHALLI POST,NALLAMPALLI TK
Line 2	NALLAMPALLI ,636807
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 8072793459
Email	NAVIEEE1995@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CDMPN5304F
Passport Number	
Aadhar Number	966046543738
Faculty code given by C.O.E.	6109403
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	30-08-1995
Age	28
I. Particulars of Educational Qualification : (only completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2017	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	75	FIRST CLASS	And Andrew Control of the Control of
P.G.	M.E.	POWER ELECTRO NICS AND DRIVES	2019	GOVERN MENT COLLEGE OF ENGINEE RING BARGUR (AUTONO MOUS)	ANNA UNIVERSI TY	92	DISTINCT ION	Market and

^{*} Upload Scanned copy of Original Degree Certificate.

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	Ioining Data	Relieving Date / Current Date	Experience		
	Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
	JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	05-08-2020	30-03-2023	2	7	26
	SALEM COLLEGE OF ENGINEERING AND TECHNOLOGY	IGINEERING AND ASSISTANT PROFESSOR		04-12-2019	0	6	4
		3	2	1			

V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	Relieving Date		xperience	e
Organisation	Designation	Work	Joining Date	Keneving Date	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	

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

O. Naveena

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY		
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING		
Name of the Degree & Course	B.EGENERAL ENGINEERING		
Name of the faculty member	MR. BALASREEDHARAN S S		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	6/126 A NALLIYAMPUDHUR		
Line 2	PANAMARATHUPATTY, SALEM -636204		
District	SALEM		
Telephone number	-		
Mobile number	+91 - 8015867293		
Email	BALA5284@GMAIL.COM		
Gender	MALE		
Community	BC		
PAN Number	BRMPB4023J		
Passport Number			
Aadhar Number	974915541477		
Faculty code given by C.O.E.			
Faculty code given by A.I.C.T.E.			
Date of Birth	09-06-1992		
Age	31		
I. Particulars of Educational Qualification : (only completed	d)		

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2014	INFO INSTITUT E OF ENGINEE RING	ANNA UNIVERSI TY	67	FIRST CLASS	Annua Striurrety
P.G.	M.E.	POWER SYSTEMS ENGINEE RING	2016	K S RANGASA MY COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	78	FIRST CLASS	AND HITEGRAP

^{*} Upload Scanned copy of Original Degree Certificate.

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 Data	Relieving Date / Current Date	Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	22-08-2018	30-03-2023	4	7	9
OTHERS - MUTHAYAMMAL POLYTECHNIC COLLEGE	OTHERS - LECTURER	09-01-2017	15-05-2018	1	4	7
	Total !					

V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	Relieving Date	xperience	•
Organisation	Designation	Work	Johning Date		Months	Days

VI. C.O.E. Appointment Experience :

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

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

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

	T
Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. VIMAL K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	20/2D1,BHARATHI NAGAR,METTUR DAM
Line 2	636401
District	SALEM
Telephone number	-
Mobile number	+91 - 9994468121
Email	KSVIMALKUMAR1997@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	GKOPK1818N
Passport Number	
Aadhar Number	627621789775
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	26-06-1997
Age	26
I. Particulars of Educational Qualification : (only comple	eted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2018	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	75	FIRST CLASS	Military and Milit
P.G.	M.E.	POWER SYSTEMS ENGINEE RING	2020	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	80	FIRST CLASS	ANN INTERITY FORWARD AND THE STATE OF THE S

^{*} Upload Scanned copy of Original Degree Certificate.

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) $\mbox{*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience)	
Name of the College	Designation	Johning Date	Working Institutions	Years	Months	Days	
JAYA INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	12-01-2021	30-03-2023	2	2	19	
	Total						

V. Industrial Experience :

Name of the	Decignation	Nature of Work	Joining Date		Experience		
Organisation	Designation	Nature of Work	Joining Date	Keneving Date	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 Squad External Examiner Central Evaluation Re-Evaluati	on
(No. of Member (Practical) (No. of scripts (No. of scri	ots
days) (No. of days) (No. of days) Evaluated) Evaluated)



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	M.EPOWER SYSTEMS ENGINEERING
Name of the faculty member	MR. VENKATACHALAM M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/103,BODAMPATTI,ODIYANDAHALLI PO,THENKANIKOTTAI TK
Line 2	635116
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9487308483
Email	VENKAT270590@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	ARMPV3874A
Passport Number	
Aadhar Number	526100207319
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	19612276272
Date of Birth	27-05-1990
Age	33
I. Particulars of Educational Qualification : (only compl	eted)

Category	Name of the Degree	Specializa tion	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.	ELECTRIC AL AND ELECTRON ICS ENGINEER ING	2013	ADHIYAMA AN COLLEGE OF ENGINEER ING (AUTONO MOUS)	ANNA UNIVERSI TY	8.92	FIRST CLASS	mas Interesting and the second of the secon
P.G.	M.E.	POWER SYSTEMS ENGINEER ING	2015	P S V COLLEGE OF ENGINEER ING AND TECHNOL OGY	ANNA UNIVERSI TY	8.07	FIRST CLASS	and Interesting to the control of th

^{*} Upload Scanned copy of Original Degree Certificate.

Score : File :

TT	Title	of Ph	D	Thesis
	1 11.16	VI FII		1116515

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) $\mbox{*}$

Name of th	oo Collogo	Designation	Joining Date	Relieving Date / Current Date for Presently	E	Experience	
Name of the College	Designation	Joining Date	Working Institutions	Years	Months	Days	
JAYALAKSHMI OF TECHNOLO		ASSISTANT PROFESSOR	05-01-2015	30-03-2023	8	2	26
	Total						

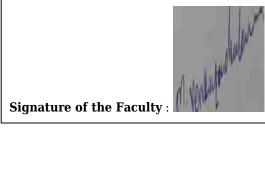
V. Industrial Experience :

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	xperience	•
Organisation	Designation	Nature of Work	Joining Date		Months	Days

VI. C.O.E. Appointment Experience :

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

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. NARMATHA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	62/110, SANDHAI PUTHUR, KARUVALLI PO
Line 2	OMALUR TK , SALEM - 636305
District	SALEM
Telephone number	-
Mobile number	+91 - 9790571392
Email	KVNARMATHACSE@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BNXPS4591A
Passport Number	
Aadhar Number	464208323308
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	4620743005
Date of Birth	04-05-1993
Age	30
I. Particulars of Educational Qualification : (only compl	leted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2015	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	70	FIRST CLASS	Annua Albritania de la compania del l
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2017	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	78	FIRST CLASS	And Uniterately And The Control of

^{*} Upload Scanned copy of Original Degree Certificate.

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) $\mbox{*}$

Name of the College		Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience)
Name of the College	Designation	Joining Date	Working Institutions	Years	Months	Days	
JAYALAKSHI INSTITUTE (TECHNOLO)	OF	ASSISTANT PROFESSOR	03-07-2017	25-03-2023	5	8	23
	Total						

V. Industrial Experience :

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
Organisation					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 Squad (Practice (No. of days) (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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY		
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING		
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING		
Name of the faculty member	MR. SENTHIL KUMAR A		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	THARAPURAM		
Line 2	OMALUR		
District	SALEM		
Telephone number	-		
Mobile number	+91 - 8248654730		
Email	SENTHILKUMAR@JIT.NET.IN		
Gender	MALE		
Community	SC		
PAN Number	GURPS4246H		
Passport Number			
Aadhar Number	659505329300		
Faculty code given by C.O.E.			
Faculty code given by A.I.C.T.E.	11437017534		
Date of Birth	15-06-1987		
Age	36		
I. Particulars of Educational Qualification : (only completed	1)		

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2014	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	69	FIRST CLASS	mmi Miriscrativ
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2017	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	73	FIRST CLASS	Anna Hilleraily Committee of the commit

^{*} 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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	11-07-2018	25-03-2023	4	8	15
			Total	4	8	19

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience:

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

days) (No. of days) (No. of days) Evaluated) Evaluated)



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY					
Name of the Department	MASTER OF BUSINESS ADMINISTRATION					
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION					
Name of the faculty member	MRS. BHUVANESWARI P					
Regular Or Adjunct	Regular					
Image						
Present Designation	ASSISTANT PROFESSOR					
Residential Address Line 1	NO 4/227. THPPUR					
Line 2	THOPPUR DHARMAPURI					
District	DHARMAPURI					
Telephone number	-					
Mobile number	+91 - 7845544135					
Email	BHUVANAJIT@GMAIL.COM					
Gender	FEMALE					
Community	MBC					
PAN Number	CAFPB2937Q					
Passport Number						
Aadhar Number	994426003825					
Faculty code given by C.O.E.	6109290					
Faculty code given by A.I.C.T.E.	11432857357					
Date of Birth	22-11-1990					
Age	33					
I. Particulars of Educational Qualification : (only completed)						

Category	Name of the Degree	the Specializ		Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.COM.	OTHERS - COMPUTE R APPLICAT ION	2011	OTHERS - MAHINDR A ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSI TY	71	FIRST CLASS	The second secon
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2013	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	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	Experience		
Name of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-04-2022	09-03-2023	0	11	9
			Total	0	11	14

V. Industrial Experience:

Name of the	Designation	Nature of	Joining Date	Delianina Dete	Experience		
Organisation	Designation	Work	Joining Date	Relieving Date	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. MAHESWARI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/404 A,KAMALAPURAM VILLAGE,MALLIKUTTAI P.O,
Line 2	KARIMANGALAM TK
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 6379690674
Email	MANIANNAMALAI30@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	CJDPM9303E
Passport Number	NIL
Aadhar Number	290434108747
Faculty code given by C.O.E.	6019228
Faculty code given by A.I.C.T.E.	14729026705
Date of Birth	08-06-1991
Age	32
I. Particulars of Educational Qualification : (only comp	pleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEMA TICS	2012	OTHERS - DON BOSCO COLLEGE OF ARTS AND SCIENCE DHARMAP URI	PERIYAR UNIVERSI TY	71	FIRST CLASS	STATE OF THE PROPERTY OF THE P
P.G.	M.SC.	OTHERS - MATHEMA TICS	2015	OTHERS - DON BOSCO COLLEGE OF ARTS AND SCIENCE DHARMAP URI	PERIYAR UNIVERSI TY	67	FIRST CLASS	We will be a second of the sec
OTHERS - M.PHIL.	OTHERS - MATHEMA TICS	OTHERS - MATHEMA TICS	2018	OTHERS - DON BOSCO COLLEGE OF ARTS AND SCIENCE DHARMAP URI	PERIYAR UNIVERSI TY	71	FIRST CLASS	Order description of the control of

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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	Relieving Date Expe		xperience	•	
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	06-07-2018	09-03-2023	4	8	4
	Total 4					8

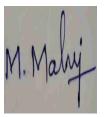
V. Industrial Experience :

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
Organisation	Designation	Nature of Work	Joining Date	Kellevilly Date	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. MEENA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	POOSARIPATTI
Line 2	KADAYAMPATTI,636351
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9500722037
Email	MEENAMGAYATHRI1996@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	EIEPM9874C
Passport Number	
Aadhar Number	948915751792
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	16-06-1996
Age	27
I. Particulars of Educational Qualification : (only con	npleted)

Category	Name of the Degree	Specializat ion	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.	ELECTRON ICS AND COMMUNI CATION ENGINEER ING	2017	JAYALAKSH MI INSTITUTE OF TECHNOL OGY	ANNA UNIVERSIT Y	7.5	FIRST CLASS	The Balleton of the State of th
P.G.	M.E.	EMBEDDE D SYSTEM TECHNOL OGIES	2019	JAYALAKSH MI INSTITUTE OF TECHNOL OGY	ANNA UNIVERSIT Y	7.4	FIRST CLASS	AND BUILDERS OF THE STATE OF TH

^{*} Upload Scanned copy of Original Degree Certificate.

Score : File :

**		CDI	-	TEN 1
H.	Title	ot Ph	.I).	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	e Experience		e	
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2019	30-03-2023	3	8	30	
			Total	3	8	4	

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience :

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

outputty at which service is extended for the conduct of Exhimation during the last your							
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)			



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	MECHANICAL ENGINEERING				
Name of the Degree & Course	B.EGENERAL ENGINEERING				
Name of the faculty member	MRS. TAMILARASI M				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	NO. 7/132, T PUDUR, THOPPUR				
Line 2	DHARMAPURI, 636352				
District	DHARMAPURI				
Telephone number	-				
Mobile number	+91 - 9629331915				
Email	TAMILSHARNI@GMAIL.COM				
Gender	FEMALE				
Community	MBC				
PAN Number	BUOPT8072J				
Passport Number					
Aadhar Number	491221882332				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	9617783238				
Date of Birth	15-06-1995				
Age	28				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2018	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.5	FIRST CLASS	Marie and American Conference of the Conference
P.G.	M.E.	CAD/CAM	2020	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.2	FIRST CLASS	ANN LINE SERVICE SERVI

^{*} Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification}: \textbf{-} \ \texttt{NO} \ \texttt{ADDITIONAL} \ \texttt{QUALIFICATION}$

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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	03-06-2021	31-03-2023	1	9	28
			Total	1	9	2

V. Industrial Experience:

Name of the Organisation	Decignation	Nature of	Joining Date	Relieving Date		Experience		
Organisation	Designation	Work	Joining Date	Kellevilly Date	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 Squad External Examember (Practical days) (No. of days) (No. of days)	(No. of scripts (No. of scripts
---	---------------------------------



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	CIVIL ENGINEERING				
Name of the Degree & Course	B.ECIVIL ENGINEERING				
Name of the faculty member	MR. ARUNKUMAR A				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	2/90A, POOSARIPATTI GATE, POOSARIPATTI				
Line 2	OMALUR, SALEM DISTRICT-636305				
District	RAMANATHAPURAM				
Telephone number	-				
Mobile number	+91 - 9444729849				
Email	AARUNCIVIL.89@GMAIL.COM				
Gender	MALE				
Community	MBC				
PAN Number	BPOPA1786N				
Passport Number					
Aadhar Number	240226181772				
Faculty code given by C.O.E.	6109155				
Faculty code given by A.I.C.T.E.	2641610409				
Date of Birth	19-12-1988				
Age	35				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2013	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.98	FIRST CLASS	The state of the s
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2015	DHIRAJLA L GANDHI COLLEGE OF TECHNOL OGY	ANNA UNIVERSI TY	7.79	FIRST CLASS	200 Carrier and 100 Carrier an

^{*} 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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	22-06-2015	09-03-2023	7	8	18
			Total	7	8	22

V. Industrial Experience:

Name of the Organisation	Decignation	Nature of	Joining Date	Relieving Date		Experience		
Organisation	Designation	Work	Joining Date	Kellevilly Date	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 Squad External Examiner Central Evaluation Ref (No. of Member (Practical) (No. of scripts (No. of days) (No. of days)
--



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. LOGANAYAGI C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	PERIYAMPATTY
Line 2	PALACODE
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9787766955
Email	MAHESLOGU10@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	BVGPT1938Q
Passport Number	
Aadhar Number	878273055348
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	15-02-1992
Age	31
I. Particulars of Educational Qualification : (or	nly completed)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2013	ANNA UNIVESIT Y REGIONAL CAMPUS,T IRUCHIRA PPALLI	ANNA UNIVERSI TY	7.2	FIRST CLASS	Anna Hriterath
P.G.	M.E.	POWER SYSTEMS ENGINEE RING	2015	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.31	FIRST CLASS	Annu Bhirresh

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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) $\mbox{*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
Name of the Conege				Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	15-06-2015	30-03-2023	7	9	15
			Total	7	9	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EGENERAL ENGINEERING
Name of the faculty member	MR. VENKATESAN C V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/1,41, F-B4 KAILASH NAGAR, THARAMANGALAM POST,
Line 2	SALEM
District	SALEM
Telephone number	-
Mobile number	+91 - 9942031425
Email	CVVENKY2012@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	ATTPV6966E
Passport Number	
Aadhar Number	425365772455
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	12997818012
Date of Birth	01-06-1987
Age	36
I. Particulars of Educational Qualification : (only complete	ed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2008	K S R COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	6.0	FIRST CLASS	And the second of the second o
P.G.	M.E.	POWER ELECTRO NICS AND DRIVES	2012	K S R COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	7.4	FIRST CLASS	AND THE PROPERTY OF THE PROPER

^{*} Upload Scanned copy of Original Degree Certificate.

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	Е	xperience	•
Name of the Conege	Designation Joining Date		Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	05-01-2015	30-03-2023	8	2	26
			Total	8	2	27

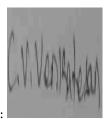
Name of the	Designation	Nature of	Nature of Joining Date Relieving Date Experience				.
Organisation	Designation	Work	Joining Date	Keneving Date		Months	Days

VI. C.O.E. Appointment Experience :

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 10	Central Evaluation (No. of scripts Evaluated) 200	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.



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. SIVARANJANI P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	ANNA NAGAR
Line 2	PAPPARAPATTI, 635001
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9489608205
Email	SIVA444426@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	DEPPS2422C
Passport Number	
Aadhar Number	336666131579
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9552145118
Date of Birth	26-01-1992
Age	31
I. Particulars of Educational Qualification : (only completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2013	COIMBAT ORE INSTITUT E OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	8.6	DISTINCT ION	Annual Albridge of the Control of th
P.G.	M.E.	EMBEDDE D SYSTEM TECHNOL OGIES	2017	P S V COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	8.26	FIRST CLASS	Anna Ruferrary

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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	E	xperience	•
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	24-09-2020	30-03-2023	2	6	6
			Total	2	6	9

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

VI. C.O.E. Appointment Experience :

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

days) (No. of days) (No. of days) Evaluated) Evaluated)

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

p. Sett

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECHARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MR. VETRIVEL S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/32A ANNA PETROLBUNKSIDE
Line 2	HALE DHARMAPURI, 636701
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9976805830
Email	VETRIARUN07@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AOKPV3529D
Passport Number	
Aadhar Number	406318659816
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9547331067
Date of Birth	10-03-1991
Age	32
I. Particulars of Educational Qualification: (only comp	oleted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2015	A V S ENGINEE RING COLLEGE	ANNA UNIVERSI TY	6.81	FIRST CLASS	you history
P.G.	м.тесн.	DATA SCIENCE	2017	HINDUST HAN INSTITUT E OF TECHNOL OGY (AUTONO MOUS)	OTHERS - HINDUST AN UNIVERSI TY	8.61	FIRST CLASS	Anthon Market State of State S

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	04-09-2020	25-03-2023	2	6	22
	2	6	25			

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience :

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

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

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. ARAVINDAN P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2-121, METTUSTREET
Line 2	UDAIYAPATTI, 636140
District	SALEM
Telephone number	-
Mobile number	+91 - 9629858804
Email	ARAVIND.MECH@JIT.NET.IN
Gender	MALE
Community	MBC
PAN Number	BKPPA8907A
Passport Number	
Aadhar Number	974382709204
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9323013924
Date of Birth	18-07-1995
Age	28
I. Particulars of Educational Qualification : (only	y completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	PRODUCT ION ENGINEE RING	2015	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	6.5	SECOND CLASS	Anna Huirraity The second sec
P.G.	M.E.	ENGINEE RING DESIGN	2020	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.2	FIRST CLASS	ANALINY ESTITY CONTROL OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFI OFF

^{*} Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification}: \textbf{-} \ \texttt{NO} \ \texttt{ADDITIONAL} \ \texttt{QUALIFICATION}$

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	E	Experience	
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	20-08-2020	31-03-2023	2	7	12
			Total	2	7	15

V. Industrial Experience:

Name	of the	Decignation	Nature of	Joining Date	Daliaring Data	Experience		
Organi	me of the panisation Designation	Work	Joining Date	Relieving Date	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 Squad External Examiner Central Evaluation Ref (No. of Member (Practical) (No. of scripts (No. of days) (No. of days)
--

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY					
Name of the Department	CIVIL ENGINEERING					
Name of the Degree & Course	B.ECIVIL ENGINEERING					
Name of the faculty member	MRS. KANIMOZHI S					
Regular Or Adjunct	Regular					
Image						
Present Designation	ASSISTANT PROFESSOR					
Residential Address Line 1	SAMINAICKENPATTY POST, GOVT COLLEGE OF ENGINEERING VIA					
Line 2	SALEM-636011					
District	SALEM					
Telephone number	-					
Mobile number	+91 - 9677442367					
Email	KANISENTHIL81@GMAIL.COM					
Gender	FEMALE					
Community	BC					
PAN Number	AVRPK4128P					
Passport Number						
Aadhar Number	223936659459					
Faculty code given by C.O.E.	6109158					
Faculty code given by A.I.C.T.E.	2642883174					
Date of Birth	11-05-1981					
Age	42					
I. Particulars of Educational Qualification : (only completed)						

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2006	OTHERS - PERIYAR MANIAM MAI COLLEGE OF TECHNOL OGY	ANNA UNIVERSI TY	66	FIRST CLASS	Annu liniuring
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2013	OTHERS - SONA COLLEGE OF TECHNOL OGY	ANNA UNIVERSI TY	79.3	FIRST CLASS	And History And H

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	05-01-2015	09-03-2023	8	2	5
			Total	8	2	6

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

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

AUR (No. of days) 8 Squad External Examiner (Practical) (No. of days) (No. of days) 2	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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY		
Name of the Department	INFORMATION TECHNOLOGY		
Name of the Degree & Course	B.TECHARTIFICIAL INTELLIGENCE AND DATA SCIENCE		
Name of the faculty member	MR. ARAVINDAN C		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	5/364 ABIRAHAMLINGAN STREET,S.PAPAARAPATTY P.O,ATTAYAMPATTY VIA,SALEMD.T		
Line 2	SALEM 637501		
District	SALEM		
Telephone number	-		
Mobile number	+91 - 9865526778		
Email	ABARAVINDCS02@GMAIL.COM		
Gender	MALE		
Community	MBC		
PAN Number	DZBPA4825C		
Passport Number			
Aadhar Number	916299322894		
Faculty code given by C.O.E.			
Faculty code given by A.I.C.T.E.	AU1		
Date of Birth	25-07-1994		
Age	29		
I. Particulars of Educational Qualification : (only comp	pleted)		

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2015	GOVERNM ENT COLLEGE OF ENGINEE RING TIRUNELV ELI	ANNA UNIVERSI TY	6.66	FIRST CLASS	Manufacture of the second of t
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2018	GOVERNM ENT COLLEGE OF ENGINEE RING TIRUNELV ELI	ANNA UNIVERSI TY	7.49	FIRST CLASS	And Binerry

^{*} Upload Scanned copy of Original Degree Certificate.

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) $\mbox{*}$

,	Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
	Name of the College	Designation	Joining Date	Working Institutions	Years	Months	Days
ĬN	YALAKSHMI STITUTE OF CHNOLOGY	ASSISTANT PROFESSOR	11-09-2019	25-03-2023	3	6	15
				Total	3	6	18

V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	Relieving	Experience		
Organisation	Designation	Work	Joining Date	Date	Years	Months	Days
COGITAXIS CONSULTANC Y SREVICES PVT LTD SALEM	EXECUTIVE WEB MANAGEMEN T	WEB TECHNOLOGY	14-08-2018	05-02-2020	1	5	23
NINESTARS INFORMATIO N TECHNOLOGI ES PVT LTD SALEM	JUNIOR ASSOCIATE	ASSOCIATE ENGG	11-09-2015	08-03-2016	0	5	28
			•	Total	1	11	25

VI. C.O.E. Appointment Experience :

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

AUR Squad Ex (No. of Member days) (No. of days)	tternal Examiner (Practical) (No. of scripts (No. of days) Evaluated)	n 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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY		
Name of the Department	MECHANICAL ENGINEERING		
Name of the Degree & Course	B.EMECHANICAL ENGINEERING		
Name of the faculty member	MR. KARTHICK B		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	148/2,POOSARIPATTI		
Line 2	OMALUR,SALEM, 636305		
District	SALEM		
Telephone number	-		
Mobile number	+91 - 8012617895		
Email	WRITETOKARTHIKRAJA@GMAIL.COM		
Gender	MALE		
Community	MBC		
PAN Number	DQUPK6976E		
Passport Number			
Aadhar Number	643154715958		
Faculty code given by C.O.E.	6109240		
Faculty code given by A.I.C.T.E.	4620743815		
Date of Birth	06-05-1993		
Age	30		
I. Particulars of Educational Qualification : (only comple	eted)		

Category	Name of the Degree	Specializa tion	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.	PRODUCTI ON ENGINEER ING	2014	JAYALAKS HMI INSTITUTE OF TECHNOL OGY	ANNA UNIVERSI TY	7.52	FIRST CLASS	and Multireral Comments of the
P.G.	M.E.	CAD/CAM	2018	JAYALAKS HMI INSTITUTE OF TECHNOL OGY	ANNA UNIVERSI TY	8.15	FIRST CLASS	ANNA INVESTOR

^{*} Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification:-} \ \ \texttt{NO ADDITIONAL QUALIFICATION}$

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	Experience		
	Name of the College	Designation	Johning Date	Working Institutions	Years	Months	Days
	JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	04-06-2018	31-03-2023	4	9	27
		4	9	1			

Name of the	Designation	Nature of Loining Date D	Dolioving Date	Experience			
Organisation	Designation	Work	Joining Date	Relieving Date	Years	s Months	Days
MEGAWIN SWITCHGEARS PVT LTD SALEM	SUPERVISOR	SUPERVISING	02-05-2014	02-05-2016	2	0	1
				Total	2	0	1

VI.	C.O.E	. Appointment	t Experience :
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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) 4	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.

3 Cm

Signature of the Faculty:

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. DEVI NIVETHA B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	DEVATTIPATTI
Line 2	KADAYAMPATTI
District	SALEM
Telephone number	-
Mobile number	+91 - 9585431943
Email	NIVETHA@JIT.NET.IN
Gender	FEMALE
Community	BC
PAN Number	BZCPB5153M
Passport Number	
Aadhar Number	469784075535
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	21-06-1994
Age	29
I. Particulars of Educational Qualification : (only completed))

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2015	VIVEKAN ANDHA INSTITUT E OF ENGINEE RING AND TECHNOL OGY FOR WOMEN	ANNA UNIVERSI TY	64	FIRST CLASS	Annu Historialy Annu H
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2017	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	79	FIRST CLASS	Anni Alliteration

^{*} Upload Scanned copy of Original Degree Certificate.

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 Joining Date for Presently		Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	04-02-2019	25-03-2023	4	1	22	
			Total	4	1	22	

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

VI. C.O.E. Appointment Experience :

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

AUR Squad Member (No. of days)	tternal Examiner (Practical) (No. of days) 2 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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.EGENERAL ENGINEERING
Name of the faculty member	MR. KAMALAKANNAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	RAMAYAN CHINNA HALLI
Line 2	PAGALAHALLI, 636807
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9080078986
Email	KAMALAKANNAN2609@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DTBPK5707H
Passport Number	
Aadhar Number	919000329893
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	11428957038
Date of Birth	26-09-1993
Age	30
I. Particulars of Educational Qualification : (only compl	eted)

Category	Name of the Degree	Specializa tion	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.	COMPUTE R SCIENCE AND ENGINEER ING	2017	HINDUST HAN INSTITUTE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	60	SECOND CLASS	and Bullivery
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEER ING	2020	JAYALAKS HMI INSTITUTE OF TECHNOL OGY	ANNA UNIVERSI TY	76	FIRST CLASS	ASSA INVITATION TOTAL CONTROL OF THE PARTY

^{*} Upload Scanned copy of Original Degree Certificate.

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) $\mbox{*}$

Name of the College	Decignation	Designation Joining Date		Experience		
Name of the Conege	Designation	Joining Date	for Presently Working Institutions	Years		Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	14-06-2021	25-02-2023	1	8	12
			Total	1	8	16

V. Industrial Experience:

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	E	xperience	•
Organisation	Designation	Nature of Work	Joining Date	Refleving Date	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING				
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING				
Name of the faculty member	MRS. JAICHITRA S				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	21 KESAVAN NAGAR,I ST CROSS,KANNAKURUCHI				
Line 2	636008				
District	SALEM				
Telephone number	-				
Mobile number	+91 - 8056305868				
Email	SJAICHITRAEEE@GMAIL.COM				
Gender	FEMALE				
Community	MBC				
PAN Number	FSOPS1559B				
Passport Number					
Aadhar Number	239538239033				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	12998191349				
Date of Birth	24-04-1989				
Age	34				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2011	MAHEND RA COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	8.6	FIRST CLASS	Section 1.
P.G.	M.E.	POWER SYSTEMS ENGINEE RING	2015	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.52	FIRST CLASS	Directory Control of the Post

^{*} Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification}: \textbf{-} \ \texttt{NO} \ \texttt{ADDITIONAL} \ \texttt{QUALIFICATION}$

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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	15-06-2015	30-03-2023	7	9	15
			Total	7	9	19

V. Industrial Experience:

Name of the Organisation	Decignation	Nature of	Joining Date	Relieving Date		Experience		
Organisation	Designation	Work	Joining Date	Kellevilly Date	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 Squad (No. of Member days) (No. of days)	(No of days)	Central Evaluation (No. of scripts Evaluated) 500	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 Callege	6109 - JAYALAKSHMI INSTITUTE OF
Name of the College	TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. SUNDRAMOORTHY K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	MUTHAMPATTI
Line 2	DHARMAPURI, 635301
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 8124003143
Email	SUNDARSUMO876@GMAIL.COM
Gender	MALE
Community	ОС
PAN Number	FBRPK2181P
Passport Number	
Aadhar Number	208924747758
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	11339331914
Date of Birth	03-12-1991
Age	32
I. Particulars of Educational Qualification : (o	nly completed)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2013	JAYAM COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.4	FIRST CLASS	And African Land Control of the Cont
P.G.	M.E.	ENGINEE RING DESIGN	2016	SONA COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	7.8	FIRST CLASS	And Huttergry

^{*} Upload Scanned copy of Original Degree Certificate.

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) $\mbox{*}$

Name of the College			Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	21-08-2020	31-03-2023	2	7	11
			Total	2	7	14

$\ \ \, \textbf{V. Industrial Experience:} \\$

Name of the	Designation	Nature of	Joining Date	Joining Date	Policying Date	xperience	e
Organisation	Designation	Work	Joining Date		Months	Days	

VI. C.O.E. Appointment Experience :

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

cupacity at v	villell Sci vice 15 (Accided for the conduct	of Exhimation 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)
			I	1

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

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. VIJAY ANAND AM
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	13A ADDIKANOOR,MATTUKARANOOR PO OMALUR TK
Line 2	SALEM -636011
District	SALEM
Telephone number	-
Mobile number	+91 - 7708030118
Email	VIJAYANANDMECH8@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BCLPV9704P
Passport Number	
Aadhar Number	462670938456
Faculty code given by C.O.E.	6109188
Faculty code given by A.I.C.T.E.	3205220167
Date of Birth	18-06-1993
Age	30
I. Particulars of Educational Qualification : (only cor	npleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2014	MUTHAYA MMAL ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	76	FIRST CLASS	And Melanas Comments of the Co
P.G.	M.E.	CAD/CAM	2016	MUTHAYA MMAL ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	83	FIRST CLASS	And Heliterary And Heliterary

^{*} Upload Scanned copy of Original Degree Certificate.

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	E	xperience)
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	15-06-2016	31-03-2023	6	9	16
			Total	6	9	20

V. Industrial Experience :

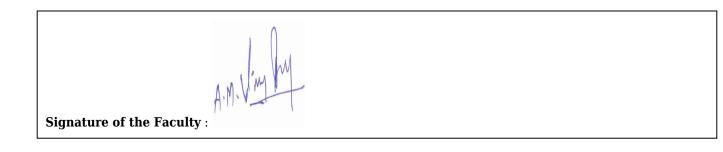
Name of the	Designation	Noture of Mork	Joining Data	Relieving Date	Experience		
Organisation	Designation	Nature of Work	Joining Date		Years	Months	Days

VI. C.O.E. Appointment Experience :

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

1	Re-Evaluation (No. of scripts
days) (No. of days) (No. of days) Evaluated)	Evaluated)

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING				
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING				
Name of the faculty member	MR. CHANDRASEKARAN M				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	3/246 BAZZAR STREET				
Line 2	LALIGAM,636804				
District	DHARMAPURI				
Telephone number	-				
Mobile number	+91 - 9566847508				
Email	CHANDRUEEE144@GMAIL.COM				
Gender	MALE				
Community	MBC				
PAN Number	ALFPC0695M				
Passport Number					
Aadhar Number	354841892616				
Faculty code given by C.O.E.	6109269				
Faculty code given by A.I.C.T.E.	AU1				
Date of Birth	20-06-1988				
Age	35				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2009	K S RANGASA MY COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	75	FIRST CLASS	Control of
P.G.	M.E.	POWER SYSTEMS ENGINEE RING	2011	SONA COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	8.7	DISTINCTI ON	A finish and a fin

^{*} Upload Scanned copy of Original Degree Certificate.

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) st

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days
KING COLLEGE OF TECHNOLOGY	ASSISTANT PROFESSOR	20-06-2011	08-04-2016	4	9	19
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	11-03-2021	30-03-2023	2	0	20
	6	10	13			

V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	Relieving Date	E	xperience	•
Organisation	Designation	Work	Joining Date		Years	Months	Days

VI. C.O.E. Appointment	Experience:
------------------------	--------------------

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

1 '	Squad Member Io. of days)	External Examiner (Practical) (No. of days) 30	Central Evaluation (No. of scripts Evaluated) 1000	Re-Evaluation (No. of scripts Evaluated)
-----	---------------------------------	---	---	--

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

M. CHLY.

y ful o li	6109 - JAYALAKSHMI INSTITUTE OF
Name of the College	TECHNOLOGY
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. MAHAVISHNU K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/68 ALAMARTHUKOTTAI KONGARAPATTI PO
Line 2	DHARMAPURI
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 8610380225
Email	YASOTHAVSO106@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	DMRPM9199G
Passport Number	
Aadhar Number	230007385547
Faculty code given by C.O.E.	6109289
Faculty code given by A.I.C.T.E.	112317926759
Date of Birth	18-07-1995
Age	28
I. Particulars of Educational Qualification : (only com	pleted)

Cate	egory	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
P.G.		M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2017	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	75	FIRST CLASS	ANNUNTERING TO THE TOTAL THE T

^{*} Upload Scanned copy of Original Degree Certificate.

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	of the College Designation Joini		Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	16-11-2021	09-03-2023	1	3	24
			Total	1	3	25

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience :

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

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MR. SURESH M
Regular Or Adjunct	Regular
Image	Y
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO, 2/601 SENGUTTAPATTI,
Line 2	EGAPURAM POST, SANKARI T.K , 637502
District	SALEM
Telephone number	-
Mobile number	+91 - 9443963424
Email	SUREMGSSP@GMAIL.COM
Gender	MALE
Community	OTHERS - SCA
PAN Number	JEQPS6647L
Passport Number	
Aadhar Number	553162947200
Faculty code given by C.O.E.	6109279
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	03-04-1987
Age	36
I. Particulars of Educational Qualification : (only comp	leted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.A.	ENGLISH	2012	OTHERS - GOVT ARTS COLLEGE SALEM	PERIYAR UNIVERSI TY	50.13	SECOND CLASS	The second secon
P.G.	OTHERS - MA	OTHERS - ENGLISH	2017	ANNAMAL AI UNIVERSI TY	ANNAMAL AI UNIVERSI TY	55	SECOND CLASS	The state of the s

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	03-01-2022	09-03-2023	1	2	7
	1	2	8			

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience :

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

	M. Sweeth
Signature of the Faculty :	

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY		
Name of the Department	MECHANICAL ENGINEERING		
Name of the Degree & Course	B.EMECHANICAL ENGINEERING		
Name of the faculty member	MR. LOKESH S		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	19/10, SADDAIYAPPANCHETTY STREET		
Line 2	PERIYAR STATUE NEAR		
District	DHARMAPURI		
Telephone number	-		
Mobile number	+91 - 9677817892		
Email	LOKESH68907@GMAIL.COM		
Gender	MALE		
Community	MBC		
PAN Number	AKOPL8092K		
Passport Number			
Aadhar Number	955707949243		
Faculty code given by C.O.E.			
Faculty code given by A.I.C.T.E.	AU		
Date of Birth	10-05-1994		
Age	29		
I. Particulars of Educational Qualification : (only completed)			

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2015	APOLLO ENGINEE RING COLLEGE	ANNA UNIVERSI TY	6.92	FIRST CLASS	Anna Hitti area;
P.G.	M.E.	CAD/CAM	2020	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	8.25	FIRST CLASS	Anna Hulterapp

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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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-11-2022	31-03-2023	0	4	30
	0	4	2			

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience :

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

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY		
Name of the Department	MECHANICAL ENGINEERING		
Name of the Degree & Course	B.EMECHANICAL ENGINEERING		
Name of the faculty member	MR. VINOTH KUMAR V		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	4/80, 5TH CROSS		
Line 2	DHARGA, HOSUR		
District	KRISHNAGIRI		
Telephone number	-		
Mobile number	+91 - 9600893135		
Email	VINOTHFEB20@GMAIL.COM		
Gender	MALE		
Community	MBC		
PAN Number	AREPV5175G		
Passport Number			
Aadhar Number	499708974384		
Faculty code given by C.O.E.			
Faculty code given by A.I.C.T.E.	AU		
Date of Birth	20-02-1993		
Age	30		
I. Particulars of Educational Qualification : (only completed)			

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2014	ER PERUMAL MANIMEK ALAI COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	6.97	FIRST CLASS	Anna Abirrandy
P.G.	M.E.	CAD/CAM	2020	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.99	FIRST CLASS	ANALINY DESIGNATION OF THE PROPERTY OF THE PRO

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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	E	experience	,
	Designation	Joining Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-11-2022	31-03-2023	0	4	30
			Total	0	4	2

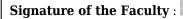
V. Industrial Experience:

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

VI. C.O.E. Appointment Experience :

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

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECHARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. SOBHIKA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/1135, YERCAUD ADIVARAM
Line 2	KONDAPANAICKENPATTY, KANNAKURICHI,636008
District	SALEM
Telephone number	-
Mobile number	+91 - 7502713462
Email	SOBIMANI123@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	KLJPS4702M
Passport Number	
Aadhar Number	697085374249
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	26-09-1990
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	В.ТЕСН.	INFORMA TION TECHNOL OGY	2012	PARK COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	88	FIRST CLASS	Anna Militerative Comments of the Comments of
P.G.	M.E.	OTHERS - COMPUTE R NETWORK ING AND ENGINEE RING	2014	VIVEKAN ANDHA INSTITUT E OF ENGINEE RING AND TECHNOL OGY FOR WOMEN	ANNA UNIVERSI TY	86	FIRST CLASS	And History, and the second of

^{*} Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification:-} \ \ \texttt{NO ADDITIONAL QUALIFICATION}$

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) $\mbox{*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation Johning Da	Joining Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	20-06-2022	25-03-2023	0	9	6
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	06-01-2020	02-05-2022	2	3	28
	Total					

V. Industrial Experience:

Name of the Organisation	Decignation	Nature of	Joining Date	Relieving Date	Experience Years Months	9	
Organisation	Designation	Work	Joining Date	Keneving Date	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	Squad Member	External Examiner (Practical)	Central Evaluation (No. of scripts	Re-Evaluation (No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. SAKTHI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/171,KANNIPATTI, VI PO ,KARIMANGALAM TK,DHARMAPURI
Line 2	635205
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 8300232700
Email	SAKTHIMBA9196@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	EHAPM8124G
Passport Number	
Aadhar Number	827147693110
Faculty code given by C.O.E.	AU2
Faculty code given by A.I.C.T.E.	AI2
Date of Birth	09-01-1996
Age	27
I. Particulars of Educational Qualification : (only com	pleted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.B.A.	BUSINESS ADMINIST RATION	2018	OTHERS - JAYAM ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSI TY	74	FIRST CLASS	The state of the s
P.G.	M.B.A.	OTHERS - FIN HR	2020	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	79	FIRST CLASS	Anna University of the Control of th

st Upload Scanned copy of Original Degree Certificate.

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	Е	xperience	,
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	09-12-2022	09-03-2023	0	3	1
			Total	0	3	2

V. Industrial Experience:

Name of the	Designation	Nature of	Joining Date	Relieving Date	<u>, </u>	xperience	
Organisation	Designation	Work	Joining Date			Months	Days

VI. C.O.E. Appointment Experience :

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

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY		
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING		
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING		
Name of the faculty member	MRS. TAMILMANAM A		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	57/1 EB TOWN QS ANJANEYAR KOVIL		
Line 2	METTUR 636401		
District	SALEM		
Telephone number	-		
Mobile number	+91 - 8248221193		
Email	ER.TAMILMANAM@GMAIL.COM		
Gender	FEMALE		
Community	SC		
PAN Number	ALPPT7641E		
Passport Number			
Aadhar Number	385768280929		
Faculty code given by C.O.E.			
Faculty code given by A.I.C.T.E.	AU1		
Date of Birth	29-06-1991		
Age	32		
I. Particulars of Educational Qualification : (only comp	oleted)		

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2013	K S R COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	6.2	SECOND CLASS	and Huiterally
P.G.	M.E.	APPLIED ELECTRO NICS	2015	K S R COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	7.0	FIRST CLASS	am thereing

^{*} Upload Scanned copy of Original Degree Certificate.

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	E	xperience	•
ľ	value of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
IN	YALAKSHMI STITUTE OF CHNOLOGY	ASSISTANT PROFESSOR	27-03-2023	30-03-2023	0	0	4
				Total	0	0	4

V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	Relieving Date	xperience	•
Organisation	Designation	Work	Joining Date	Keneving Date	Months	Days

VI. C.O.E. Appointment Experience :

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

- · <u>1</u> · · · · · · · · · · ·			<u> </u>	5
AUR (No. of	Squad Member	External Examiner (Practical)	Central Evaluation (No. of scripts	Re-Evaluation (No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

It is certified that all the inform	It is certified that all the information provided are true to the best of my knowledge.						
	A segrandic						
	1 A million						
Signature of the Faculty :	W.						

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY		
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING		
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING		
Name of the faculty member	MR. GOPI M		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	8/40 MANAKADDU		
Line 2	EDDAPADI,636501		
District	SALEM		
Telephone number	-		
Mobile number	+91 - 9344816587		
Email	GOPIM1936@GMAIL.COM		
Gender	MALE		
Community	MBC		
PAN Number	CFOPG8786E		
Passport Number			
Aadhar Number	512811510325		
Faculty code given by C.O.E.	6109278		
Faculty code given by A.I.C.T.E.	AU1		
Date of Birth	22-05-1995		
Age	28		
I. Particulars of Educational Qualification : (only completed)		

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2017	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	65	FIRST CLASS	Anni Historialy
P.G.	M.E.	POWER SYSTEMS ENGINEE RING	2021	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	70	FIRST CLASS	ANNAUNY EST. AN

^{*} 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	E	xperience	•
Name of the College	Designation	n Joining Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	03-01-2022	30-03-2023	1	2	28
			Total	1	2	29

V. Industrial Experience:

Name of the	Decignation	Nature of	Joining Date	Relieving Date		xperience	.
Organisation	Designation	Work	Joining Date	Refleving Date	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)



	<u> </u>
Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. AROCKIASAMY B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	BOODHANA HALLI, LALIGAM
Line 2	NALLAMPALLI
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9952270848
Email	AROCKIA.SAMY444@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BZJPA5720L
Passport Number	
Aadhar Number	698827727785
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	28-06-1990
Age	33
I. Particulars of Educational Qualification : (only compl	leted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2013	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	74	FIRST CLASS	Augus Mariana de Carlos de
P.G.	M.E.	POWER SYSTEMS ENGINEE RING	2016	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	78	FIRST CLASS	Anni Hulterarity Anni Hultera

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience			
	Designation	Johning Date	Working Institutions	Years	Months	Days	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	30-06-2016	30-03-2023	6	8	31	
	Total						

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :

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

AUR Squad (No. of Member days) (No. of da



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MS. SOWNDHARYA C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NANGAVALLI
Line 2	636454
District	SALEM
Telephone number	-
Mobile number	+91 - 9944371096
Email	JIT.THOPPUR@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	LHSPS8755A
Passport Number	
Aadhar Number	523874073119
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	10-06-1996
Age	27
I. Particulars of Educational Qualification : (only completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2017	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	70	SECOND CLASS	And Britter by And Britter by
P.G.	M.E.	APPLIED ELECTRO NICS	2020	THE KAVERY ENGINEE RING COLLEGE	ANNA UNIVERSI TY	71	FIRST CLASS	ANNUMFACTOR OF THE PROPERTY OF

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience		
	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	29-08-2022	30-03-2023	0	7	2
	Total					

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience :

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

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. SUDHAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	BHANDARAHALLI
Line 2	635201
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9095943515
Email	JIT.THOPPUR@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	EEBPS8453A
Passport Number	EEBPS8453A
Aadhar Number	387274705728
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	17-01-1992
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2013	OTHERS - PERIYAR MANIYAM MAI UNIVERIS TY	OTHERS - PERIYAR MANIYAM MAI UNIVERSI TY	80	FIRST CLASS	Grand Control of the
P.G.	M.E.	EMBEDDE D SYSTEM TECHNOL OGIES	2015	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	81	FIRST CLASS	Saus History

^{*} Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification}: \textbf{-} \ \texttt{NO} \ \texttt{ADDITIONAL} \ \texttt{QUALIFICATION}$

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
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-08-2022	30-03-2023	0	7	30
Total					7	3

V. Industrial Experience:

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
	Designation				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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

Eaculty: (S Sudhan

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the faculty member	MS. MANJUARASI V				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	2/1 EAST STREET				
Line 2	NAVALAI HARUR 635305				
District	DHARMAPURI				
Telephone number	-				
Mobile number	+91 - 9095821621				
Email	MANJUARASI@GMAIL.COM				
Gender	FEMALE				
Community	SC				
PAN Number	BDRPV8022Q				
Passport Number					
Aadhar Number	471966556523				
Faculty code given by C.O.E.	6109285				
Faculty code given by A.I.C.T.E.	AU1				
Date of Birth	23-03-1993				
Age	30				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2014	VIVEKAN ANDHA INSTITUT E OF ENGINEE RING AND TECHNOL OGY FOR WOMEN	ANNA UNIVERSI TY	6.5	FIRST CLASS	The latest and the la
P.G.	M.E.	EMBEDDE D SYSTEM TECHNOL OGIES	2016	ANNA UNIVESIT Y REGIONA L CAMPUS, COIMBAT ORE	ANNA UNIVERSI TY	7.94	FIRST CLASS	MAR Distorers

^{*} Upload Scanned copy of Original Degree Certificate.

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	Experience		
Name of the Conege	Designation	Joining Date for Presently Working Institutions		Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	06-04-2022	30-03-2023	0	11	24
PRINCE DR K VASUDEVAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-02-2017	15-02-2019	2	0	15
	3	0	9			

Name of the	Designation	Nature of	e of Joining Date Relieving Date Experience				•
Organisation	Designation	Work	Joining Date		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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	ELECTRONICS AND COMMUNICATION				
Nume of the Department	ENGINEERING				
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the faculty member	MRS. SUMITHRA D				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	ERRAPATTI				
Line 2	636807				
District	DHARMAPURI				
Telephone number	-				
Mobile number	+91 - 9965851177				
Email	JIT.THOPPUR@GMAIL.COM				
Gender	FEMALE				
Community	MBC				
PAN Number	JWKPS2112D				
Passport Number					
Aadhar Number	768390646291				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	AU1				
Date of Birth	15-07-1989				
Age	34				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2010	P T LEE CHENGAL VARAYA NAICKER COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	78	FIRST CLASS	And Elliteration Committee of the commi
P.G.	M.E.	POWER SYSTEMS ENGINEE RING	2015	SAPTHAGI RI COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	79	FIRST CLASS	Anna Bhriterair

^{*} Upload Scanned copy of Original Degree Certificate.

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) $\mbox{*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	22-08-2022	30-03-2023	0	7	9
SAPTHAGIRI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-10-2016	13-05-2022	5	7	11
	6	2	22			

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :

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

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

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

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the faculty member	MR. PREMKUMAR M P				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	KARIMANGALAM				
Line 2	635111				
District	DHARMAPURI				
Telephone number	-				
Mobile number	+91 - 9500321222				
Email	JIT.THOPPUR@GMAIL.COM				
Gender	MALE				
Community	MBC				
PAN Number	CRSPP8937M				
Passport Number					
Aadhar Number	389066752683				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	AU1				
Date of Birth	16-05-1993				
Age	30				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2010	VARUVAN VADIVELA N INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	80	FIRST CLASS	Auth Albitrarily When the control of the control o
P.G.	M.E.	COMMUN ICATION SYSTEMS	2016	VARUVAN VADIVELA N INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	82	FIRST CLASS	Agen Hilbert etg.

^{*} Upload Scanned copy of Original Degree Certificate.

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	Iniming Data	Relieving Date / Current Date	Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	05-01-2023	30-03-2023	0	2	26
AISHWARYA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-11-2017	18-06-2019	1	7	18
SHREE SATHYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2019	08-12-2022	3	5	8
	5	3	24			

V. Industrial Experience :	

Name of the	Designation	Nature of	Joining Date	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date	Refleving Date	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)
days)	(No. of days)	(No. of days)	Evaluated)	

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



	1				
Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the faculty member	MR. NANDAKUMAR S				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	THOPPUR				
Line 2	636352				
District	DHARMAPURI				
Telephone number	-				
Mobile number	+91 - 8056479199				
Email	JIT.THOPPUR@GMAIL.COM				
Gender	MALE				
Community	MBC				
PAN Number	AXUPN0360P				
Passport Number					
Aadhar Number	556955577254				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	AU1				
Date of Birth	05-11-1994				
Age	29				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2016	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	78	FIRST CLASS	Manufacture of the second of t
P.G.	M.E.	EMBEDDE D SYSTEM TECHNOL OGIES	2020	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	80	FIRST CLASS	ANNA INPTENTY PROPRIES CONTROL ANNA INPTENTION ANNA INPROPRIES ANNA INPTENTION ANNA INPENTION ANNA INPEN

^{*} 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	Experience		
Name of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-08-2022	31-03-2023	0	7	31
			Total	0	8	4

V. Industrial Experience:

Name	of the	Designation	Nature of	Joining Date	Relieving Date		Experience		
Organi	sation	Designation	Work	Joining Date	Keneving Date	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 Squad External Examember (Practical days) (No. of days) (No. of days)	(No. of scripts (No. of scripts
---	---------------------------------

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

	genanda-		
Signature of the Facu	ılty:		

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. PALANIVEL M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/128, BOOMANDAHALII
Line 2	KARIMANGALAM
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 8428746686
Email	PAJLANIJIT527@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CQAPP0387D
Passport Number	
Aadhar Number	509471840490
Faculty code given by C.O.E.	6109237
Faculty code given by A.I.C.T.E.	4639163345
Date of Birth	15-04-1994
Age	29
I. Particulars of Educational Qualification : (onl	y completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2015	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.1	FIRST CLASS	Annual Hiristraty The state of
P.G.	M.E.	CAD/CAM	2018	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.7	FIRST CLASS	ANNA INVESTITY SOURCE CONTROL THE MARKET STATE

^{*} 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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	04-06-2018	31-03-2023	4	9	27
			Total	4	9	1

V. Industrial Experience:

Name of the Organisation	Decignation	Nature of	Joining Date	Relieving Date		xperience	,
Organisation	Designation	Work	Joining Date	Kellevilly Date	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) 7 Squa Memb	er (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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.ECIVIL ENGINEERING
Name of the faculty member	MRS. MONAMBIGAI C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/295, SAVULUPATTI, COLLECTORATE POST,
Line 2	DHARMAPURI-636705
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9600873802
Email	MONACDPI@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	FROPM6211B
Passport Number	
Aadhar Number	595836628934
Faculty code given by C.O.E.	6109275
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	17-11-1995
Age	28
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2017	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	8.78	DISTINCT ION	Anna Huiteraty
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2021	DHIRAJLA L GANDHI COLLEGE OF TECHNOL OGY	ANNA UNIVERSI TY	8.96	DISTINCT ION	TOTAL INVESTORY TOTAL CONTROL

^{*} Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification}: \textbf{-} \ \texttt{NO} \ \texttt{ADDITIONAL} \ \texttt{QUALIFICATION}$

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	E	xperience	•
Name of the College	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	29-09-2021	09-03-2023	1	5	11
			Total	1	5	13

V. Industrial Experience:

Name	of the	Designation	Nature of	Joining Date	Relieving Date		xperience	•
Organi	sation	Designation	Work	Joining Date	Keneving Date	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 Squad External Examember (Practical days) (No. of days) (No. of days)	(No. of scripts (No. of scripts
---	---------------------------------

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

	C. Mount		
Signature of the Faculty :	·		

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. USHA LAKSHMI A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/140A,SK PUDUR SAMICHETTIPATTI P.O
Line 2	NALLAMPALLI TK
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9629201925
Email	USHA.MBA@JIT.NET.IN
Gender	FEMALE
Community	MBC
PAN Number	AFOPU0156L
Passport Number	
Aadhar Number	659789945958
Faculty code given by C.O.E.	6109276
Faculty code given by A.I.C.T.E.	111332927014
Date of Birth	12-02-1990
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	OTHERS - B COM CS	OTHERS - COMMER CE	2010	OTHERS - GOVT ARTS AND SCIENCE COLLEGE FOR WOMENB ARGUR	PERIYAR UNIVERSI TY	56	SECOND CLASS	The second of th
P.G.	M.B.A.	OTHERS - FINANCE MARKETI NG	2012	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	75	FIRST CLASS	Annua Harizoretty Annua Harizor
OTHERS - M.PHIL	OTHERS - MANAGE MENT	OTHERS - FINANCE	2014	OTHERS - PERIYAR	PERIYAR UNIVERSI TY	78	DISTINCT ION	And the state of t

^{*} Upload Scanned copy of Original Degree Certificate.

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 Callege	Docimention	Joining Date	Relieving Date / Current Date	Experience		
Name of the College	Designation	for Presently Working Institutions	Years	Months	Days	
OTHERS - PMP ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	15-12-2017	31-03-2019	1	3	17
OTHERS - DON BOSCO ARTS AND SCIENCE COLLEGE	ASSISTANT PROFESSOR	02-06-2014	31-03-2016	1	9	29
AYALAKSHMI NSTITUTE OF FECHNOLOGY ASSISTANT PROFESSOR 01-12-2021 09-03-2023					3	9
	Total					

V. Industrial Experience:

Name of the	Designation	Nature of	Joining Date	Relieving Date		xperience	•
Organisation	Designation	Work	Johning Date	Keneving Date	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
	(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
	days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)
П	•			•	· · · · · · · · · · · · · · · · · · ·

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



	1			
Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY			
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING			
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING			
Name of the faculty member	MRS. VIJAYAKUMARI M			
Regular Or Adjunct	Regular			
Image				
Present Designation	ASSISTANT PROFESSOR			
Residential Address Line 1	3/388,T.AYYAMPATTI VILLAGE,THALANATHAM POST			
Line 2	PAPPIRETTIPATTY TK,635302			
District	DHARMAPURI			
Telephone number	-			
Mobile number	+91 - 9500927686			
Email	VIJIEEEB@GMAIL.COM			
Gender	FEMALE			
Community	MBC			
PAN Number	DLJPM4407A			
Passport Number				
Aadhar Number	413488605051			
Faculty code given by C.O.E.				
Faculty code given by A.I.C.T.E.	AU1			
Date of Birth	13-06-1989			
Age	34			
I. Particulars of Educational Qualification : (only completed)			

•	Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
1	U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2010	K S RANGASA MY COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	81	DISTINCT ION	Auto Birtherapy The Control of the
	P.G.	M.E.	POWER SYSTEMS ENGINEE RING	2015	ADHIYAM AAN COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	90	DISTINCT ION	Annual Mirrors (II) Annual Mirrors (III) A

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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	E	xperience	.
Name of the Conege	Working Institutions					Days
JAYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2016	30-03-2023	6	8	30
	6	8	4			

V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	Relieving Date	xperience	•
Organisation	Designation	Work	Joining Date		Months	Days

VI. C.O.E. Appointment Experience :

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

days) (No. of days) (No. of days) Evaluated) Evaluated)

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

M. Hilm

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY		
Name of the Department	ENGLISH		
Name of the Degree & Course	S&H-ENGLISH		
Name of the faculty member	MR. JOSEPH C		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	D.NO:1/946-A,TNHB COLONY,VENNAMBATTI ROAD,		
Line 2	COLLECTORATE POST,		
District	DHARMAPURI		
Telephone number	-		
Mobile number	+91 - 8124027290		
Email	JOSEPH190492@GMAIL.COM		
Gender	MALE		
Community	ВС		
PAN Number	BGYPJ1702K		
Passport Number	NIL		
Aadhar Number	970348115989		
Faculty code given by C.O.E.	6109231		
Faculty code given by A.I.C.T.E.	14662902444		
Date of Birth	19-04-1992		
Age	31		
I. Particulars of Educational Qualification : (only completed)			

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.A.	ENGLISH	2012	OTHERS - VYSYA COLLEGE, SALEM	PERIYAR UNIVERSI TY	64	FIRST CLASS	The second secon
P.G.	OTHERS - M.A.	OTHERS - ENGLISH	2014	OTHERS - GOVT.ART S COLLEGE, SALEM-7	PERIYAR UNIVERSI TY	63	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - ENGLISH	2016	OTHERS - ST.PETER S COLLEGE, CHENNAI	OTHERS - ST.PETER S UNIVERSI TY	74	FIRST CLASS	Branch Ministry of the Control of th

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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			Relieving Date / Current Date for Presently	Experience		
Nume of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	27-06-2018	09-03-2023	4	8	13
VARUVAN VADIVELAN INSTITUTE OF TECHNOLOGY	NSTITUTE OF ASSISTANT 06-08-2015 25-05-2018					20
	Total					

V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	Relieving Date	xperience	•
Organisation	Designation	Work	Joining Date		Months	Days

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

AUR (No. of days) 1 Squad Member (No. of days	External Examiner	Central Evaluation	Re-Evaluation
	(Practical)	(No. of scripts	(No. of scripts
	(No. of days)	Evaluated)	Evaluated)
	50	2000	300

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. PRAKASAM R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/553, SOGATHUR POST
Line 2	SOGATHUR
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9123528774
Email	PRAKASHRRAVI1997@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	FNIPP2624F
Passport Number	
Aadhar Number	798267252299
Faculty code given by C.O.E.	AU1
Faculty code given by A.I.C.T.E.	AI1
Date of Birth	30-06-1997
Age	26
I. Particulars of Educational Qualification : (only comp	oleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.B.A.	BUSINESS ADMINIST RATION	2018	OTHERS - DON BOSCO COLLEGE	PERIYAR UNIVERSI TY	68	FIRST CLASS	And the state of t
P.G.	M.B.A.	OTHERS - HR MAR	2020	JAYALAKS HMI INSTITUTE OF TECHNOL OGY	ANNA UNIVERSI TY	78	FIRST CLASS	Amar Multicrapy Amar Service of the

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$\textbf{I.a. Additional Qualification:-} \ \ \texttt{NO ADDITIONAL QUALIFICATION}$

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	Experience		
	Designation	Joining Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	02-12-2022	09-03-2023	0	3	8
			Total	0	3	9

V. Industrial Experience :

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	E	xperience	e
Organisation	Designation	Nature of Work	Joining Date		Years	Months	Days

VI. C.O.E. Appointment Experience :

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

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

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. ANBARASU M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	POOSARIPATTI
Line 2	KADAYAMPATTI
District	SALEM
Telephone number	-
Mobile number	+91 - 9514373456
Email	ANBARASUCSE@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AYYPP6521R
Passport Number	
Aadhar Number	921799803746
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43371362218
Date of Birth	08-05-1987
Age	36
I. Particulars of Educational Qualification : (only completed	l)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2010	THE KAVERY ENGINEE RING COLLEGE	ANNA UNIVERSI TY	7.3	FIRST CLASS	And Interests And In
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2013	VARUVAN VADIVELA N INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.58	FIRST CLASS	The state of the s

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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	Experience		
Name of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	10-01-2022	25-03-2023	1	2	16
			Total	1	2	17

V. Industrial Experience:

Name of the Organisation	Nature of	Joining Date	Relieving Date	xperience	•	
Organisation	Designation	Work	Joining Date		Months	Days

VI. C.O.E. Appointment Experience :

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

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

is certified that all the information provided are true to the best of my knowledge.	
M. July	
gnature of the Faculty :	

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY					
Name of the Department	PHYSICS					
Name of the Degree & Course	S&H-PHYSICS					
Name of the faculty member	MRS. UMASKTHI R					
Regular Or Adjunct	Regular					
Image						
Present Designation	ASSISTANT PROFESSOR					
Residential Address Line 1	4/683, S.RAMANKOTTAI, ATHAGAPADI,					
Line 2	DHARMAPURI-636803					
District	DHARMAPURI					
Telephone number	-					
Mobile number	+91 - 8072252386					
Email	RUMASAKTHI@GMAIL.COM					
Gender	FEMALE					
Community	MBC					
PAN Number	AEWPU3170K					
Passport Number	NIL					
Aadhar Number	321310046888					
Faculty code given by C.O.E.	6109218					
Faculty code given by A.I.C.T.E.	19603401798					
Date of Birth	15-06-1991					
Age	32					
I. Particulars of Educational Qualification : (only completed)						

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - PHYSICS	2011	OTHERS - DON BOSCO ARTS AND SCIENCE COLLEGE, DHARMAP URI	PERIYAR UNIVERSI TY	70	FIRST CLASS	And an extraction of the control of
P.G.	M.SC.	OTHERS - PHYSICS	2014	OTHERS - DON BOSCO ARTS AND SCIENCE COLLEGE, DHARMAP URI	PERIYAR UNIVERSI TY	68	FIRST CLASS	The second secon
OTHERS - M.PHIL.,	OTHERS - M.PHIL.,	OTHERS - PHYSICS	2019	OTHERS - PSA COLLEGE OF ARTS AND SCIENCE COLLEGE, DHARMAP URI	PERIYAR UNIVERSI TY	80	FIRST CLASS	Support Values and Support Sup
* 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	Docimention	Isimin a Data	Relieving Date / Current Date	Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	OTHERS - LECTURER	18-02-2017	14-12-2018	1	9	25
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	12-11-2020	09-03-2023	2	3	28
	Total				1	24

$\ \ \, \textbf{V. Industrial Experience:} \\$

	Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
							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) 2	Central Evaluation (No. of scripts Evaluated) 1000	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.



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY		
Name of the Department	MATHEMATICS		
Name of the Degree & Course	S&H-MATHEMATICS		
Name of the faculty member	MR. PANDURANGAN G		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	SEERAMPATTI		
Line 2	635202		
District	DHARMAPURI		
Telephone number	-		
Mobile number	+91 - 9994010002		
Email	PANDU.AMJI@GMAIL.COM		
Gender	MALE		
Community	MBC		
PAN Number	CZLPP6595D		
Passport Number	NIL		
Aadhar Number	650207334399		
Faculty code given by C.O.E.	6109101		
Faculty code given by A.I.C.T.E.	1437021331		
Date of Birth	10-06-1985		
Age	38		
I. Particulars of Educational Qualification : (only completed)			

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEM ATICS	2006	OTHERS - GOVT ARTS COLLEGE	PERIYAR UNIVERSI TY	59.8	SECOND CLASS	The state of the s
P.G.	M.SC.	OTHERS - MATHEM ATICS	2009	OTHERS - SACRED HEART COLLEGE	THIRUVAL LUVAR UNIVERSI TY	71	FIRST CLASS	The state of the s
OTHERS - MPHIL	OTHERS - MPHIL	OTHERS - MATHEM ATICS	2016	OTHERS - SRI GANESH ARTS COLLEGE	PERIYAR UNIVERSI TY	65	FIRST CLASS	The second secon

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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	E	xperience	•
	Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
	JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	16-09-2010	09-03-2023	12	5	24
				Total	12	5	26

V. Industrial Experience:

Name of the	ne Designation	Nature of	Joining Date	Relieving Date	Е	xperience	•
Organisation	Designation	Work	Johning Date		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) 3000	Re-Evaluation (No. of scripts Evaluated) 200
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It is certified that all the information provided are true to the best of my knowledge.



	C100 IAVALARCHMI INCTITUTE OF
Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. ASHOKKUMAR M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	8/47 K METTUR, KARUVALLI PO
Line 2	OMALUR
District	SALEM
Telephone number	-
Mobile number	+91 - 9655530009
Email	ASHOK4330@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BDVPA9369K
Passport Number	
Aadhar Number	431944859163
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	112240017700
Date of Birth	10-01-1990
Age	33
I. Particulars of Educational Qualification : (only complete	1)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.COM.	OTHERS - COMMER CE AND ACCOUNT ANCY	2010	OTHERS - SRI BALAMUR UGAN ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSI TY	60	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2012	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	74	FIRST CLASS	Man Minister III

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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) $\mbox{*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience	•
	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	10-03-2021	09-03-2023	1	11	31
			Total	2	0	1

V. Industrial Experience:

Name of the	Designation	nation Nature of Work Joinin	Joining Date	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date		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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECHARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. SUMATHI A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/102 ,MUNIYAPPAN KOVI THOTTAM,KADAGATHUR KOLAGATHUR VIA,DHARUMAPURI 636809
Line 2	DHARUMAPURI 636809
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9677808915
Email	SUMATHIBE07@GMAIL.COM
Gender	FEMALE
Community	ВС
PAN Number	GWDPS6504J
Passport Number	
Aadhar Number	715017589196
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9547569433
Date of Birth	07-10-1990
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2011	MAHEND RA ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	83	FIRST CLASS	The second of th
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2013	SHREENI VASA ENGINEE RING COLLEGE	ANNA UNIVERSI TY	82	FIRST CLASS	Anna Historian

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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) $\mbox{*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date	Experience			
Name of the Conege	Designation	Johning Date	for Presently Working Institutions Yea		Months	Days	
VARUVAN VADIVELAN INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	14-03-2016	30-11-2016	0	8	18	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	08-02-2021	25-03-2023	2	1	18	
	Total						

V. Industrial Experience:

Name of the	Designation	Nature of	Joining Date	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date	Keneving Date		Experience 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.



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY			
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING			
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING			
Name of the faculty member	MR. GOKULRAJ K T			
Regular Or Adjunct	Regular			
Image				
Present Designation	ASSISTANT PROFESSOR			
Residential Address Line 1	3/174 KANAKAMPALAYAM			
Line 2	BOMMAMPATTI,637212			
District	NAMAKKAL			
Telephone number	-			
Mobile number	+91 - 8760570624			
Email	KTGOKULRAJ@GMAIL.COM			
Gender	MALE			
Community	BC			
PAN Number	AYNPG3394E			
Passport Number				
Aadhar Number	689226631318			
Faculty code given by C.O.E.				
Faculty code given by A.I.C.T.E.	9552835531			
Date of Birth	02-07-1991			
Age	32			
I. Particulars of Educational Qualification : (only completed)				

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2012	SELVAM COLLEGE OF TECHNOL OGY	ANNA UNIVERSI TY	7.01	FIRST CLASS	man Albirgraph
P.G.	M.E.	VLSI DESIGN	2014	GNANAM ANI COLLEGE OF TECHNOL OGY	ANNA UNIVERSI TY	7.53	FIRST CLASS	Annual Ellistration of the Control o

^{*} Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification}: \textbf{-} \ \texttt{NO} \ \texttt{ADDITIONAL} \ \texttt{QUALIFICATION}$

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	E	xperience	
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	24-09-2020	30-03-2023	2	6	6
			Total	2	6	9

V. Industrial Experience:

Name of the	Designation	Nature of	Joining Date	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date	Kellevilly Date	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the faculty member	MR. MOHAN G				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	1/272 ANNA NAGAR				
Line 2	KATTANACHAMPATTI 637408				
District	NAMAKKAL				
Telephone number	-				
Mobile number	+91 - 9842248126				
Email	GMOHANECE89@GMAIL.COM				
Gender	MALE				
Community	SC				
PAN Number	BNLPM2465C				
Passport Number					
Aadhar Number	865753037929				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	9552835531				
Date of Birth	02-02-1989				
Age	34				
I. Particulars of Educational Qualification : (only con	npleted)				

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2010	K S R COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	63	FIRST CLASS	Annu Halteretty
P.G.	M.E.	APPLIED ELECTRO NICS	2012	VELAMMA L ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	69	FIRST CLASS	Annual Admiration of the Control of

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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	E	xperience	,
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	24-09-2020	30-03-2023	2	6	6
			Total	2	6	9

V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	Relieving Date	xperience	•
Organisation	Designation	Work	Joining Date	Keneving Date	Months	Days

VI. C.O.E. Appointment Experience :

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

(No. of Mei	enad External Examiner nber (Practical) f days) (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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. SRINANDHAKUMAR A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	161/166, B NEHRU NAGAR, KARUMALAIKOODAL
Line 2	P.N PATTI, METTURDAM RS 636402
District	SALEM
Telephone number	-
Mobile number	+91 - 9715555795
Email	SRINANDA11@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	HHTPS7495Q
Passport Number	
Aadhar Number	952241623821
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	3567159517
Date of Birth	17-06-1993
Age	30
I. Particulars of Educational Qualification : (on	ly completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2014	VELAMMA L ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	6.36	SECOND CLASS	Annu Huiteraily
P.G.	M.E.	ENGINEE RING DESIGN	2016	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.45	FIRST CLASS	and Uniterary Committee of the committe

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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) $\mbox{*}$

Name of the College	Designation Joining Date		Relieving Date / Current Date for Presently	Experience		
	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	15-06-2016	31-03-2023	6	9	16
			Total	6	9	20

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience :

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

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

It is certified that all the info	rmation provided are true to the best of my knowledge.
	Polan
	of the
${\bf Signature\ of\ the\ Faculty:}$	

Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. NAVINRAJ G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	KARAGOOR, SEERIYANAHLLI
Line 2	PALACODE
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 9965230524
Email	NAVINRAJECE@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ARSPN0906F
Passport Number	
Aadhar Number	571402517299
Faculty code given by C.O.E.	6226054
Faculty code given by A.I.C.T.E.	7469483601
Date of Birth	21-07-1992
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2014	THE KAVERY COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	7.35	FIRST CLASS	Annu Bhirrach
P.G.	M.E.	VLSI DESIGN	2016	K S RANGASA MY COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	8.7	FIRST CLASS	Daniel Married

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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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions Years Months	Days		
SHREENIVASA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	04-07-2016	21-07-2018	2	0	18
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-02-2019	30-03-2023	4	1	27
	Total					

V. Industrial Experience :

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

VI. C.O.E. Appointment Experience :

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

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

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



6109 - IAYAL					
Name of the College TECHNOLOG	AKSHMI INSTITUTE OF Y				
Name of the Department ELECTRONIC ENGINEERIN	CS AND COMMUNICATION				
Name of the Degree & Course B.EELECTRO COMMUNICATION	ONICS AND ATION ENGINEERING				
Name of the faculty member MS. SUSMITE	HA M				
Regular Or Adjunct Regular					
Image					
Present Designation ASSISTANT P	PROFESSOR				
Residential Address Line 1 KELAVALLI					
Line 2 KARIMANGAI	LAM				
District DHARMAPUR	RI				
Telephone number -					
Mobile number +91 - 867581	1209				
Email SUSICAMIL1	995@GMAIL.COM				
Gender FEMALE					
Community SC					
PAN Number IYEPS0357A					
Passport Number					
Aadhar Number 57148488530	2				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E. 9313700611					
Date of Birth 12-04-1995					
Age 28					
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2016	JAYAM COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	6.9	FIRST CLASS	San William
P.G.	M.E.	EMBEDDE D SYSTEM TECHNOL OGIES	2019	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	7.2	FIRST CLASS	Vac to page

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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) $\mbox{*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2019	06-03-2023	3	8	6
			Total	3	8	10

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience :

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

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

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



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	MECHANICAL ENGINEERING				
Name of the Degree & Course	B.EMECHANICAL ENGINEERING				
Name of the faculty member	MR. AADHITHYAN G				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	258, MADATHU STREET,				
Line 2	LALIGAM, DHARMAPURI, - 636804				
District	DHARMAPURI				
Telephone number	-				
Mobile number	+91 - 8675088862				
Email	AATHISASTHA@GMAIL.COM				
Gender	MALE				
Community	MBC				
PAN Number	BAIPA1474P				
Passport Number					
Aadhar Number	396961297722				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	9619652738				
Date of Birth	07-06-1994				
Age	29				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2015	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	8.3	FIRST CLASS	and Inference of the control of the
P.G.	M.E.	CAD/CAM	2016	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	8.25	FIRST CLASS	Anna Militerary Anna M

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$\textbf{I.a. Additional Qualification}: \textbf{-} \ \texttt{NO} \ \texttt{ADDITIONAL} \ \texttt{QUALIFICATION}$

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	E	xperience)
Name of the College	Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	17-02-2020	31-03-2023	3	1	13
			Total	3	1	13

V. Industrial Experience:

Name of the	Designation Nature of Work	Nature of	Joining Date	Relieving Date		Experience		
Organisation	Designation	Work	Joining Date	Kellevilly Date	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 Squad External Examember (Practical days) (No. of days) (No. of days)	(No. of scripts (No. of scripts
---	---------------------------------



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY				
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the faculty member	MRS. ABIRAMI K				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	ECHAMPATTI				
Line 2	NALLAMPALLI				
District	DHARMAPURI				
Telephone number	-				
Mobile number	+91 - 8248391806				
Email	ABIRAMI2422@GMAIL.COM				
Gender	FEMALE				
Community	BC				
PAN Number	BEFPA9678N				
Passport Number					
Aadhar Number	674069641942				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	9313670201				
Date of Birth	06-06-1995				
Age	28				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2016	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	8.02	FIRST CLASS	Control of the contro
P.G.	M.E.	EMBEDDE D SYSTEM TECHNOL OGIES	2019	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	8.2	FIRST CLASS	

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I.a. Additional Qualification := NO ADDITIONAL QUALIFICATION

Score : File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience:

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the Conege	me of the College Designation	Johning Date	Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	15-02-2020	30-06-2022	2	4	15
			Total	2	4	17

V. Industrial Experience:

Name of the Organisation	Decignation	Nature of	Joining Date	Relieving Date		xperience	,
Organisation	Designation	Work	Joining Date	Kellevilly Date	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. KIRUTHIKA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	MALLUR
Line 2	SALEM
District	SALEM
Telephone number	-
Mobile number	+91 - 8270883619
Email	KIRUTHIKA@JIT.NET.IN
Gender	FEMALE
Community	BC
PAN Number	AVOPK5004H
Passport Number	
Aadhar Number	218607704107
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	9322290358
Date of Birth	27-05-1986
Age	37
I. Particulars of Educational Qualification : (only completed	1)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2011	AMRITA COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	78	FIRST CLASS	A Sum Hairren
P.G.	M.E.	SOFTWAR E ENGINEE RING	2013	P S G COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	80	FIRST CLASS	A Reinstein

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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) $\mbox{*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience			
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	16-07-2021	25-03-2023	1	8	10	
DHIRAJLAL GANDHI COLLEGE OF TECHNOLOGY	ASSISTANT PROFESSOR	07-06-2013	30-05-2015	1	11	23	
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2015	15-07-2021	6	1	15	
	Total						

V. Industrial Experience :

Name of the Organisation	Decignation	signation Nature of Joining Date Relieving Date	Polioving Date		xperience	•	
Organisation	Designation	Work	Johning Date	Keneving Date	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) 300	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	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.EGENERAL ENGINEERING
Name of the faculty member	MRS. PRIYADHARSHINI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/25, SARAKAPILLAIYUR PO
Line 2	KADAYAMPATTI TK
District	SALEM
Telephone number	-
Mobile number	+91 - 9677243678
Email	PRIYADHARSINI.RAJA@GMAIL.COM
Gender	FEMALE
Community	ВС
PAN Number	DOEPP8833P
Passport Number	
Aadhar Number	673697667949
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43371362254
Date of Birth	20-06-1989
Age	34
I. Particulars of Educational Qualification : (only compl	eted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2011	ANNAMAL AI UNIVERSI TY	ANNAMAL AI UNIVERSI TY	8.42	FIRST CLASS	The second secon
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2022	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	8.14	FIRST CLASS	ANNA ENVERSITY PROGRAM ASSESSMENT OF THE PR

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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) $\mbox{*}$

Name of the College D	Designation	Designation Joining Date		Experience		
	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	02-05-2022 25-03-2023		0	10	24
	0	10	29			

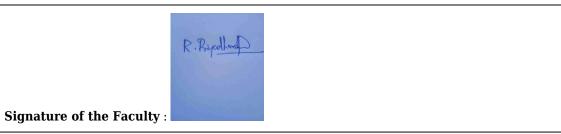
V. Industrial Experience :

Name of the	Decignation	Nature of Work	Joining Date	Relieving Date	E	xperience	•
Organisation	Designation	Nature of Work	Joining Date	Keneving Date	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	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)



Name of the College	6109 - JAYALAKSHMI INSTITUTE OF TECHNOLOGY		
Name of the Department	INFORMATION TECHNOLOGY		
Name of the Degree & Course	B.TECHARTIFICIAL INTELLIGENCE AND DATA SCIENCE		
Name of the faculty member	MRS. MANIMEGALAI R		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	PAPPICETTIPATTI, KANJANAICKENPATTI PO		
Line 2 KADAYAMPATTI, 636305			
District	SALEM		
Telephone number	-		
Mobile number	+91 - 7397680423		
Email	MANIMEGALAI0194@GMAIL.COM		
Gender	FEMALE		
Community	SC		
PAN Number	DCQPR0813F		
Passport Number			
Aadhar Number	834943968064		
Faculty code given by C.O.E.			
Faculty code given by A.I.C.T.E.	11331205770		
Date of Birth	03-01-1994		
Age	29		
I. Particulars of Educational Qualification : (only compl	eted)		

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2016	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	75	FIRST CLASS	The second secon
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2021	JAYALAKS HMI INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	84	FIRST CLASS	TOTAL DEVILETY TOTAL DEVILENCE OF THE PROPERTY OF THE PROPERT

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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	Experience		
	Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
Ĭ	AYALAKSHMI NSTITUTE OF ECHNOLOGY	ASSISTANT PROFESSOR	06-09-2021	25-03-2023	1	6	20
				Total	1	6	23

V. Industrial Experience:

Name of the	Decignation	Nature of Work	Joining Date	Delieving Date	Experience		
Organisation	Designation	Nature of Work	Joining Date	Kelleving Date	Years	Months	Days

VI. C.O.E. Appointment Experience :

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

<u> </u>				. 3
AUR (No. of	Squad Member	External Examiner (Practical)	Central Evaluation (No. of scripts	Re-Evaluation (No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

R	2 Janny.
Signature of the Faculty:	

