Anna University, Chennai
CSI College of Engineering - 7106

Consolidated_Report

13.faculty

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	309985
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	M.E.-STRUCTURAL ENGINEERING
Name of the faculty member	DR. MERCY SHANTHI SAMUEL JOHNSON R
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	103 A, ANGEL GARDEN, KARUNYA NAGAR
Line 2	COIMBATORE - 641114
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 7339012615
Email	PRINCIPAL@CSICE.EDU.IN
Gender	FEMALE
Community	BC
PAN Number	ALCPS2437C
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44724023394
Date of Birth	12-05-1969
Age	55
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	1990	P S G COLLEGE OF TECHNOLOGY (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	FIRST	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	1997	P S G COLLEGE OF TECHNOLOGY (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	FIRST	FIRST CLASS	
PH.D.	PH.D.	CIVIL ENGINEERING	2006	OTHERS - BHARATHIYAR UNIVERSITY	BHARATHIYAR UNIVERSITY	Y		
OTHERS - MBA	OTHERS - MBA	OTHERS - EXCUTIVE MANAGEMENT	2015	OTHERS - BHARATHIYAR UNIVERSITY	BHARATHIYAR UNIVERSITY	FIRST	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - KARUNYA INSTITUTE OF TECHNLOGY AND SCIENCES	OTHERS - LECTURER	19-02-1996	13-01-2001	4	10	24
CSI COLLEGE OF ENGINEERING	PROFESSOR	15-03-2024	03-12-2024	0	8	20
OTHERS - CHRIST THE KING INSTITUTE OF TECHNLOGY	OTHERS - LECTURER	14-06-1995	16-02-1996	0	8	3
OTHERS - KARUNYA UNIVERSITY	ASSISTANT PROFESSOR	08-08-2006	30-06-2008	1	10	24
OTHERS - KARUNYA INSTITUTE OF TECHNLOGY AND SCIENCES	ASSOCIATE PROFESSOR	01-07-2008	30-06-2021	12	11	31
OTHERS - KARUNYA INSTITUTE OF TECHNOLOGY AND SCIENCES	OTHERS - SENIOR LECTURER	01-02-2001	07-08-2006	5	6	7
			Total	26	8	25

V. Industrial Experience :

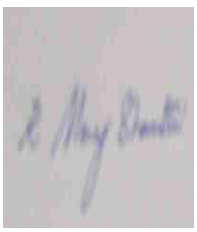
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
DESIGN FORUM	DESIGN ENGINEER	DESIGN	01-11-1990	01-12-1991	1	1	1
				Total	1	1	1

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

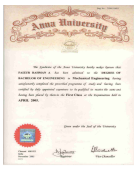
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)

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

Signature of the Faculty :



Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	300485
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	M.E.-MANUFACTURING ENGINEERING
Name of the faculty member	DR. FAIZUR RAHMAN
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	15C CHINNAMMAL LAYOUT COOPERATIVE COLONY
Line 2	METTUPALAYAM 641301
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9500247883
Email	FAIZURMECH@GMAIL.COM
Gender	MALE
Community	OTHERS - BCM
PAN Number	AAZPF2957J
Passport Number	
Faculty code given by C.O.E.	7106041
Faculty code given by A.I.C.T.E.	1-3743582023
Date of Birth	14-08-1983
Age	41
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2005	KARPAGAM COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	74.5	FIRST CLASS	
P.G.	M.E.	COMPUTER INTEGRATED MANUFACTURING	2009	P S G COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.51	DISTINCTION	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2015	P S G COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	13-12-2011	20-11-2024	12	11	8
SREE SAKTHI ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	10-06-2011	30-11-2011	0	5	21
CHRIST THE KING ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-02-2011	23-05-2011	0	3	22
SRI ESHWAR COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2009	31-01-2011	1	6	31
			Total	15	3	24

V. Industrial Experience :

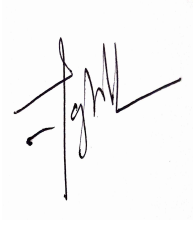
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
DSM SOFTWARE PVT LIMITED	JUNIOR CAD EXECUTIVE	CADCAM	23-07-2005	31-10-2005	0	3	9
RANSAR INDUSTRIES LIMITED UNIT COIMBATORE	ENGINEER TRAINEE	CADCAM	02-02-2006	17-05-2007	1	3	16
				Total	1	6	27

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

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

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

Signature of the Faculty :



Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	310273
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	DR. THIAGARAJ H B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	4/28 A, HALADA, LOVEDALE POST
Line 2	OOTY -643003
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9442348090
Email	HBTHIAGUSAGU@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ACOPT8567D
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-511787315
Date of Birth	01-03-1974
Age	50
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	1994	OTHERS - GOVT ARTS COLLEGE OOTY	BHARATHIYAR UNIVERSITY	56.6	SECOND CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	1997	OTHERS - SRI AVVM PUSHPAM COLLEGE	BHARATHIDASAN UNIVERSITY	67	FIRST CLASS	
PH.D.	PH.D.	MATHEMATICS	2015	ANNA UNIVESITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	Y		
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2007	OTHERS - MADURAI KAMARAJ UNIVERSITY	MADURAI KAMARAJ UNIVERSITY	52	SECOND CLASS	

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	14-09-1998	04-12-2024	26	2	21
			Total	26	2	22

V. Industrial Experience :	

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

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

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

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	303200
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. JOSHUA GNANA SEKARAN J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	1/1, KAMARAJAR NAGAR, 2ND CROSS , CHINNATHIRUPATHI
Line 2	SALEM -636007
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9894647447
Email	VIJOLINEJOSHUA1@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AEPPJ2822L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-7885894737
Date of Birth	17-02-1970
Age	54
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	1991	TAMILNADU COLLEGE OF ENGINEERING	BHARATHIYAR UNIVERSITY	61	SECOND CLASS	
P.G.	OTHERS - MS	OTHERS - TECHNOLOGICAL OPERATIONS	1996	OTHERS - BIRLA INSTITUTE OF TECHNOLOGY PILANI	OTHERS - BIRLA INSTITUTE OF TECHNOLOGY PILANI	66	FIRST CLASS	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2019	ADHIYAMAAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	Y		

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - CSI POLYTECHNIC COLLEGE	OTHERS - HOD	17-07-1992	01-08-2019	27	0	16
CSI COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	02-08-2019	25-11-2024	5	3	24
			Total	32	4	11

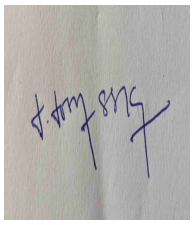
V. Industrial Experience :	

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
CSI SOLAR POWER RESEARCH CENTRE SALEM	PROJECT OFFICER	RESEARCH AND DEVELOPMENT	17-07-1992	16-07-1999	6	11	31
				Total	7	0	0

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	306982
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. SOMASUNDRAM I
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6/8, MUTTINADU , ATHIGARATTI
Line 2	COONOOR - 643203
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9786092346
Email	SOMIYAPPAN@YAHOO.COM
Gender	MALE
Community	BC
PAN Number	FBHPS6827L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-4686614090
Date of Birth	11-11-1986
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2008	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	61	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2013	BANNARI AMMAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.5	FIRST CLASS	

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	08-01-2018	28-11-2024	6	10	21
			Total	6	10	26

V. Industrial Experience :

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

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

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

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

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	307010
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MRS. SOFINA T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	III/565 4, LOWER CRUZ PET, BOYSCOMPANY
Line 2	COONOOR - 643231
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 6379325021
Email	SOFINANAFE@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	JCPPS4394F
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44721718656
Date of Birth	22-01-1992
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2014	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.2	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 Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	16-08-2024	28-11-2024	0	3	13
			Total	0	3	14

V. Industrial Experience :	

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	307037
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. RINISHA PREM PRIYA
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	8/181 F2, JUBLIEE CORNER, KETTI
Line 2	OOTY - 643215
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9786723964
Email	RINISHAPRIYA.RP@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	EULPR6231M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44724012094
Date of Birth	22-03-1996
Age	28
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2017	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	6.89	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2019	SNS COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	9.2	DISTINCTION	

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	20-05-2024	28-11-2024	0	6	9
			Total	0	6	12

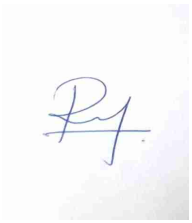
V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	307073
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MS. LAKSHMI PRIYA G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	10/256 D3, NANDHA COLONY,JEGATHALA ROAD, ARUVANKADU
Line 2	COONOOR - 643202
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9488971704
Email	LAKSHMIVINOD2210@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BAQPL7800N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44724497326
Date of Birth	22-09-1993
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2015	TEJAA SHAKTHI INSTITUTE OF TECHNOLOGY FOR WOMEN	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2017	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	78	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-08-2022	28-11-2024	2	3	19
CHRIST THE KING ENGINEERING COLLEGE	ASSISTANT PROFESSOR	02-01-2019	11-03-2020	1	2	10
			Total	3	5	1

V. Industrial Experience :	

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

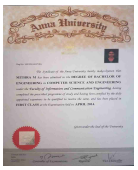
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	308291
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. MITHRA ANAND
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/253, JEGATHALA VILLAGE AND POST
Line 2	ARUVANKADU COONOOR - 643202
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8072424061
Email	MITHRAANAND22@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BVKPM7656N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44152954299
Date of Birth	17-05-1993
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2014	SENGUNTHAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.3	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2016	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.6	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-02-2024	28-11-2024	0	9	28
			Total	0	9	2

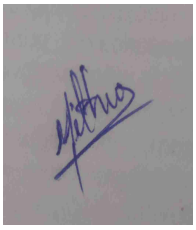
V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	307136
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MR. AJAY KUMAR M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	145/1, THEETUKAL, MULLIKORAI POST
Line 2	OOTY - 643004
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9123518979
Email	MAGESHAJAYKUMAR@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	HCHPM1565A
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44724191454
Date of Birth	15-04-2002
Age	22
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - PHYSICS	2019	OTHERS - GOVERNMENT ARTS COLLEGE OOTY	BHARATHIYAR UNIVERSITY	82.6	DISTINCTION	
P.G.	M.SC.	OTHERS - PHYSICS	2024	OTHERS - GOVERNMENT ARTS COLLEGE OOTY	BHARATHIYAR UNIVERSITY	87.7	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	15-10-2024	28-11-2024	0	1	14
			Total	0	1	14

V. Industrial Experience :

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

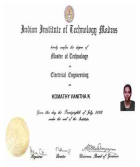
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	307249
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	DR. KOMATHY VANITHA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/543 K K NAGAR, HUBATHALLAI
Line 2	COONOOR - 643202
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 6380483276
Email	VANITHA.KKV@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	AYPPK0944A
Passport Number	
Faculty code given by C.O.E.	7106105
Faculty code given by A.I.C.T.E.	1-507353221
Date of Birth	03-03-1977
Age	47
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	1998	TAMILNADU COLLEGE OF ENGINEERING	BHARATHIYAR UNIVERSITY	64	FIRST CLASS	
P.G.	M.TECH.	OTHERS - MICRO ELECTRONICS AND VLSI DESIGN	2006	INDIAN INSTITUTE OF TECHNOLOGY(IIT) - MADRAS	INDIAN INSTITUTE OF TECHNOLOGY MADRAS	7.2	FIRST CLASS	
PH.D.	PH.D.	OTHERS - INFORMATION AND COMMUNICATION	2024	ANNA UNIVESITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
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
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	14-06-1999	28-11-2024	25	5	15
			Total	25	5	17

V. Industrial Experience :

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

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

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

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	305195
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. RAMAKRISHNAN A S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	244 E2 VETERINARY HOSPITAL ROAD
Line 2	OOTY -643001
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9629841409
Email	RAMMSIVARAJ@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AWAPR8607A
Passport Number	
Faculty code given by C.O.E.	7106582
Faculty code given by A.I.C.T.E.	1-44153081894
Date of Birth	11-12-1984
Age	40
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2007	BANNARI AMMAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	77	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	12-10-2022	26-11-2024	2	1	15
			Total	2	1	15

V. Industrial Experience :	

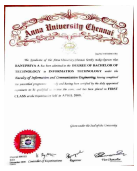
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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

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

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

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	299046
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. BANU PRIYA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	18, NARAYANASAMY LANE, VP STREET
Line 2	COONOOR 643102
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 7418841908
Email	VSBANUPRIYAME@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ARIPB7254J
Passport Number	
Faculty code given by C.O.E.	7106084
Faculty code given by A.I.C.T.E.	1-496542191
Date of Birth	27-06-1987
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2008	MAHARAJA ENGINEERING COLLEGE	ANNA UNIVERSITY	80.2	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	GNANAMANI COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	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) ***	

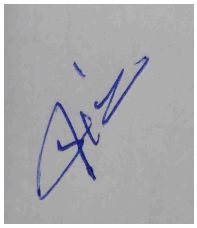
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-12-2008	19-11-2024	15	11	19
			Total	15	11	24

V. Industrial Experience :

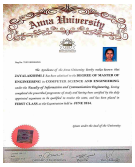
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
7		3	500	

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

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	299137
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. JAYALAKSHMI J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/318A, SHANTHOOR, KETTI
Line 2	COONOOR - 643215
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9489580355
Email	JAYAMAHESHJAYA@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	AJGPJ8310D
Passport Number	
Faculty code given by C.O.E.	7106094
Faculty code given by A.I.C.T.E.	1-496542199
Date of Birth	02-05-1982
Age	42
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2004	SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	MANOMANIAM SUNDARNAR UNIVERSITY	64.75	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	ANNA UNIVESITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	6.7	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	06-08-2007	19-11-2024	17	3	14
OTHERS - NEHRU COLLEGE OF ENGEINEERING AND RESEARCH CENTRE	ASSISTANT PROFESSOR	05-09-2005	17-07-2007	1	10	13
			Total	19	1	28

V. Industrial Experience :	

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

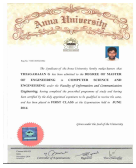
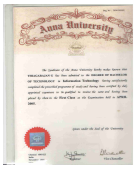
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
7		3	500	150

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	299213
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. THIAGARAJAN G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	11/59,SHANTHOOR, KETTI
Line 2	COONOOR - 643215
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 7010369804
Email	THIAGARAJAN@CSICE.EDU.IN
Gender	MALE
Community	BC
PAN Number	AFMPT2331L
Passport Number	
Faculty code given by C.O.E.	7106092
Faculty code given by A.I.C.T.E.	1-480750667
Date of Birth	03-06-1984
Age	40
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2005	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	64	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	ANNA UNIVESITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	7.5	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	17-10-2005	06-01-2020	14	2	21
CSI COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	07-01-2020	19-11-2024	4	10	13
			Total	19	1	5

V. Industrial Experience :

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

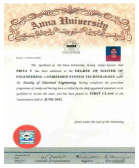
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
	1	5	500	50

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	299583
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. PRIYA V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	113/74, PERIYAR NAGAR, FINGER POST
Line 2	OOTY - 643006
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9789309524
Email	PRIYAVENU0409@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	CDFPP6434D
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1507852968
Date of Birth	04-09-1987
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2010	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	60	FIRST CLASS	
P.G.	M.E.	EMBEDDED SYSTEM TECHNOLOGIES	2012	SRIRAM ENGINEERING COLLEGE	ANNA UNIVERSITY	7.4	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-07-2012	19-11-2024	12	4	2
			Total	12	4	4

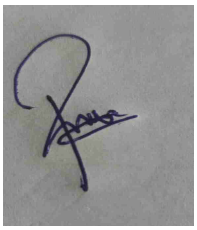
V. Industrial Experience :

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
14		4	120	

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	299641
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MR. BILDASS SANTHOSAM I
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	11/55, UPPER MISSION COMPOUND SHANTOOR
Line 2	KETTI, OOTY - 643215
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9677949918
Email	BILDASS@CSICE.EDU.IN
Gender	MALE
Community	BC
PAN Number	ASSPB7386A
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-803597703
Date of Birth	31-12-1983
Age	41
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2007	JAYARAJ ANNAPACKIAM CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.1	SECOND CLASS	
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2011	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA UNIVERSITY	7.6	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2011	19-11-2024	13	5	19
			Total	13	5	21

V. Industrial Experience :

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
4	2	3	250	150

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	300141
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. NIJESH D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	26 K3, UPSTAIRS PORTION, STATE BANK LANE
Line 2	OOTY -643001
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9751428774
Email	NIJESH.D@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ANSPN9999C
Passport Number	
Faculty code given by C.O.E.	7106112
Faculty code given by A.I.C.T.E.	1-2192402444
Date of Birth	10-01-1990
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2011	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.25	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2014	HINDUSTHAN COLLEGE OF ENGINEERING AND TECHNOLOGY(AUTONOMOUS)	ANNA UNIVERSITY	7.6	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-06-2013	20-11-2024	11	5	18
			Total	11	5	20

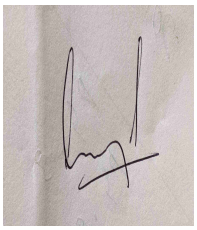
V. Industrial Experience :	

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
2		3	200	

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	300168
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. RAJESH JAIPAUL S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/250, KOMBUKORAI SHANTHOOR
Line 2	KETTI POST - 643215
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9843059865
Email	JAIMECH08@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BUVPR4201G
Passport Number	
Faculty code given by C.O.E.	7106031
Faculty code given by A.I.C.T.E.	1-1498679380
Date of Birth	13-08-1985
Age	39
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2008	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	68	SECOND CLASS	
P.G.	M.E.	CAD/CAM	2013	SRI KRISHNA COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	7.07	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	17-03-2014	20-11-2024	10	8	4
			Total	10	8	8

V. Industrial Experience :	

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
1		2	200	50

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	300198
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. PRADAB R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	10/211, KAMMANDU VILLAGE, KETTI POST
Line 2	OOTY - 643215
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 7904585898
Email	PRADAB@CSICE.EDU.IN
Gender	MALE
Community	BC
PAN Number	BHOPP8412R
Passport Number	
Faculty code given by C.O.E.	7106033
Faculty code given by A.I.C.T.E.	1-496073003
Date of Birth	13-06-1981
Age	43
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2002	CSI COLLEGE OF ENGINEERING	BHARATHIYAR UNIVERSITY	75.3	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2014	OTHERS - KARPAGAM ACADEMY OF HIGHER EDUCATION	OTHERS - KARPAGAM ACADEMY OF HIGHER EDUCATION	7.6	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	25-08-2008	20-11-2024	16	2	27
CSI COLLEGE OF ENGINEERING	OTHERS - WORKSHOP SUPERINTENDENT	25-08-2003	24-08-2008	4	11	31
			Total	21	2	29

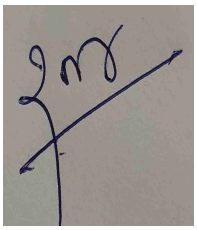
V. Industrial Experience :

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

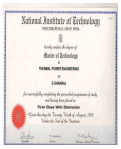
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
	4		300	

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	300399
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. DHANRAJ G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	88A 20A JOTHI ILLAM ASIR COMPOUND
Line 2	COONOOR 643101
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9443075767
Email	DHANRAJGURU77@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AQYPD8099G
Passport Number	
Faculty code given by C.O.E.	7106036
Faculty code given by A.I.C.T.E.	1-496527679
Date of Birth	19-02-1977
Age	47
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	1998	TAMILNADU COLLEGE OF ENGINEERING	BHARATHIYAR UNIVERSITY	64.5	FIRST CLASS	
P.G.	M.TECH.	OTHERS - THERMAL ENGINEERING	2008	NATIONAL INSTITUTE OF TECHNOLOGY,TIRUCHIRAPPALLI	NATIONAL INSTITUTE OF TECHNOLOGY,TIRUCHIRAPPALLI	8.56	DISTINCTION	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2018	SRI KRISHNA COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	74		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-06-2008	20-11-2024	16	5	16
			Total	16	5	18

V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	300513
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. RAJESH KANA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/1, MILIDHANE POST, KOTAGIRI
Line 2	643217
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8136895455
Email	RAJESHMJ.BE@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AZWPS1879C
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1470984652
Date of Birth	21-11-1972
Age	52
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	1994	OTHERS - KARUNYA INSTITUTE OF TECHNOLOGY	BHARATHIYAR UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	THERMAL ENGINEERING	2008	SONA COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	87	DISTINCTION	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2021	OTHERS - NIT CALICUT	OTHERS - NIT CALICUT	Y		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-10-2021	20-11-2024	3	1	20
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-07-2000	25-05-2011	10	10	25
KPR INSTITUTE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	01-06-2012	24-06-2013	1	0	24
			Total	15	1	9

V. Industrial Experience :	

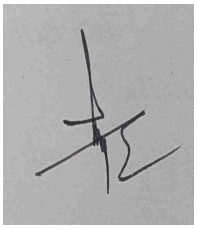
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
NEEDLE INDUSTRIES KETTI	PURCHASE OFFICER	MATERIAL MANAGEMENT	12-10-1994	12-09-1997	2	11	1
PONNI SUGARS ERODE	MATERIAL INCHARGE	MATERIAL MANAGEMENT	01-10-1997	15-06-2000	2	8	15
				Total	5	7	18

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

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

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

Signature of the Faculty :



Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	300540
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. MANOJ PRABHAKAR B S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/127 BEARHATTY VILLAGE
Line 2	COONOOR 643231
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9751128730
Email	MANOJPRABHAKARBS@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BBGPM1900D
Passport Number	
Faculty code given by C.O.E.	7106078
Faculty code given by A.I.C.T.E.	1-4681944684
Date of Birth	03-06-1987
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2009	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2013	ADHIYAMAAN COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	92	DISTINCTION	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2022	SNS COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
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
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-06-2013	20-11-2024	11	5	18
			Total	11	5	20

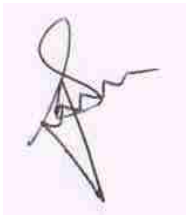
V. Industrial Experience :

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
5		1	200	

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	300639
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. JINCY J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	19A/37 REX COTTAGE,SAMAYAPURAM
Line 2	COONOOR - 643101
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9487538020
Email	JINCY587CRTJWEL@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AOEPJ8091E
Passport Number	
Faculty code given by C.O.E.	7106119
Faculty code given by A.I.C.T.E.	1-507706991
Date of Birth	05-01-1987
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONIC INSTRUMENTATION AND CONTROL ENGINEERING	2008	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA UNIVERSITY	79.5	FIRST CLASS	
P.G.	M.TECH.	OTHERS - EMBEDDED SYSTEM	2010	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA UNIVERSITY	89	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	24-05-2010	20-11-2024	14	5	28
			Total	14	5	0

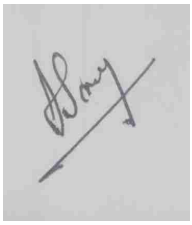
V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	300655
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. ANGELINE FELICIA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/1, KAMARAJ NAGAR 2ND CROSS, CHINNA THIRUPATHI
Line 2	SALEM - 636008
District	SALEM
Telephone number	-
Mobile number	+91 - 9940965402
Email	ANGELINEVIJOLINE@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	AFDPA4010L
Passport Number	
Faculty code given by C.O.E.	7106177
Faculty code given by A.I.C.T.E.	1-12317368167
Date of Birth	28-10-1970
Age	54
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	1992	OTHERS - PERIYAR MANIAMMAI COLLEGE OF TECHNOLOGY FOR WOMEN	BHARATHIDASAN UNIVERSITY	69.3	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2009	MAHENDRA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.8	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

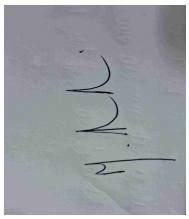
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	17-03-2021	20-11-2024	3	8	4
			Total	3	8	8

V. Industrial Experience :	

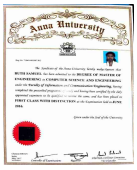
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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

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

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

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	300802
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	M.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. RUTH SAMUEL
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	337/70, MISSIONARY HILLS, STONE HOUSE POST
Line 2	OOTY - 643002
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8056426842
Email	RUTHSAM92@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DTXPR1146D
Passport Number	
Faculty code given by C.O.E.	7106198
Faculty code given by A.I.C.T.E.	1-4686614154
Date of Birth	11-07-1992
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2014	NEHRU INSTITUTE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	87	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2016	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	87	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-01-2020	21-11-2024	4	10	19
			Total	4	10	24

V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	300884
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. ANITHA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7/179 G3, NEAR GOVERNMENT SCHOOL, YELLANALLI
Line 2	COONOOR - 643243
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9943082983
Email	ANITHA.KCSICE@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BJPPK1151D
Passport Number	
Faculty code given by C.O.E.	7106009
Faculty code given by A.I.C.T.E.	1-494095531
Date of Birth	11-04-1987
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2008	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	72	FIRST CLASS	

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
AL-AMEEN ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	21-09-2021	29-05-2023	1	8	9
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	16-03-2020	13-09-2021	1	5	29
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	09-06-2008	28-06-2019	11	0	20
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2023	21-11-2024	1	5	21
			Total	15	8	23

V. Industrial Experience :

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
5		2	150	60

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	301365
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. BENJAMIN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	105/A, DUNMERE CAMPUS, FERNHILL
Line 2	OOTY - 643004
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9442646970
Email	BENJAMINSAMUELDEV@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BYEPB0312B
Passport Number	
Faculty code given by C.O.E.	7106166
Faculty code given by A.I.C.T.E.	1-4681944852
Date of Birth	25-03-1993
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2014	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2017	M.P.NACHIMUTHU M.JAGANATHAN ENGINEERING COLLEGE	ANNA UNIVERSITY	70	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	24-10-2017	21-11-2024	7	0	29
			Total	7	0	29

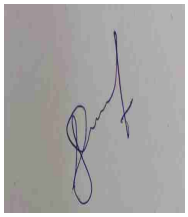
V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	301412
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. SIVAKUMAR NANJAPPAN
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	82/67, APPLE BY ROAD
Line 2	COONOOR - 643102
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 7708161575
Email	NLSIVAMECH@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	EAZPS9019E
Passport Number	
Faculty code given by C.O.E.	7106047
Faculty code given by A.I.C.T.E.	1-506104585
Date of Birth	14-05-1987
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2009	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	79	DISTINCTION	
P.G.	M.E.	ENGINEERING DESIGN	2011	ANNA UNIVESITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	86.95	DISTINCTION	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2023	ANNA UNIVESITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
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
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2011	21-11-2024	13	5	21
			Total	13	5	23

V. Industrial Experience :	

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
7	4	3	200	

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	301638
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. DEEPA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	13/277, STAFF QUARTERS, THE LAIDLAW MEMORIAL SCHOOL
Line 2	KETTI -643215
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9489646936
Email	DEEPDANI5577@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BZJPD8666E
Passport Number	
Faculty code given by C.O.E.	7106169
Faculty code given by A.I.C.T.E.	1-9611535982
Date of Birth	17-08-1980
Age	44
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2002	CSI COLLEGE OF ENGINEERING	BHARATHIDASAN UNIVERSITY	78	DISTINCTION	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2019	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	86	DISTINCTION	

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-01-2020	22-11-2024	4	10	20
			Total	4	10	25

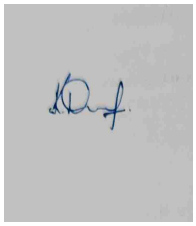
V. Industrial Experience :	

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
NEEDLE INDUSTRIES PVT LTD	ENGINEER MAINTANENCE	ELECTRICAL MAINTANENCE	10-08-2004	27-07-2017	12	11	18
				Total	12	11	22

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
5		3	100	

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	302887
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. GEETHAKUMARI D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/221, MANJUTHALA VILLAGE, ARUVANKADU
Line 2	COONOOR -643202
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9655435781
Email	OOTYGEETA@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BGRPG9564P
Passport Number	
Faculty code given by C.O.E.	7106021
Faculty code given by A.I.C.T.E.	1-799002497
Date of Birth	28-05-1986
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2009	M.P.NACHIMUTHU M.JAGANATHAN ENGINEERING COLLEGE	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2012	M.P.NACHIMUTHU M.JAGANATHAN ENGINEERING COLLEGE	ANNA UNIVERSITY	8.48	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	15-02-2012	25-11-2024	12	9	11
			Total	12	9	15

V. Industrial Experience :	

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		2	100	50

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

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	302899
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. GOKULRAM H
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/127, GOKULA ILLAM,AKONI VILLAGE, KALLATTY POST
Line 2	OOTY - 643005
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9047476393
Email	GOKULRAM77@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BCWPG0065N
Passport Number	
Faculty code given by C.O.E.	7106085
Faculty code given by A.I.C.T.E.	1-2192030094
Date of Birth	04-05-1989
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2010	SRI RAMAKRISHNA INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2013	SRI KRISHNA COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.13	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-06-2013	25-11-2024	11	5	23
			Total	11	5	25

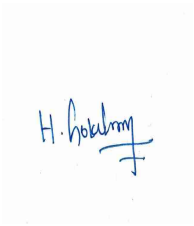
V. Industrial Experience :

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
1		2	103	

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



Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	303282
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MS. ARTHI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	306/296, MISSIONARY HILLS
Line 2	OOTY- 643002
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8940869488
Email	ARTHIPADMA470@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	AXRPA0132H
Passport Number	
Faculty code given by C.O.E.	7106131
Faculty code given by A.I.C.T.E.	1-509747491
Date of Birth	18-12-1986
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - CHEMISTRY	2007	OTHERS - GOVERNMENT ARTS COLLEGE OOTY	BHARATHIYAR UNIVERSITY	89.6	DISTINCTION	
P.G.	M.SC.	OTHERS - CHEMISTRY	2009	OTHERS - GOVERNMENT ARTS COLLEGE OOTY	BHARATHIYAR UNIVERSITY	79	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - CHEMISTRY	2016	OTHERS - SRI RAMAKRISHNA MISSION VIDYALA	BHARATHIYAR UNIVERSITY	Y	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	23-02-2011	25-11-2024	13	9	3
			Total	13	9	7

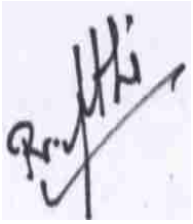
V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	303321
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. GEETHA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	36/119-B4, KERBEN VILLAGE, NIHUNG POST
Line 2	KOTAGIRI -643217
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9994948186
Email	GEETHAJOGARAJ@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AOTPG4655G
Passport Number	
Faculty code given by C.O.E.	7106122
Faculty code given by A.I.C.T.E.	1-508766939
Date of Birth	29-05-1975
Age	49
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	1995	OTHERS - PROVIDENCE COLLEGE FOR WOMEN COONOOR	BHARATHIYAR UNIVERSITY	60.28	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	1997	OTHERS - BHARATHIYAR UNIVERSITY	BHARATHIYAR UNIVERSITY	60	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	11-10-2006	25-11-2024	18	1	15
			Total	18	1	15

V. Industrial Experience :

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
			255	50

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

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	303340
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MR. SUNIL R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	168/4, SORAIGUNDU VILLAGE, LOVEDALE POST
Line 2	OOTY -643003
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9626515319
Email	SUNILSORAI@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DVPPS9492P
Passport Number	
Faculty code given by C.O.E.	7106178
Faculty code given by A.I.C.T.E.	1-44715927214
Date of Birth	13-04-1976
Age	48
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - PHYSICS	1997	OTHERS - GOVERNEMENT ARTS COLLEGE OOTY	BHARATHIYAR UNIVERSITY	52	SECOND CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2013	OTHERS - MANONMANIYAM SUNDRANAR UNIVERISTY	MANOMANIAM SUNDARNAR UNIVERSITY	63	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	08-12-2014	25-11-2024	9	11	18
			Total	9	11	23

V. Industrial Experience :	

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		3	100	25

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	303388
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. SARAVANA KUMAR G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	137 F/48, ELK HILL ROAD, BOMBAY CASTLE
Line 2	OOTY -643001
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9751026166
Email	SARAVANAJOHEE@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BOOPG7517R
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2191992653
Date of Birth	01-01-1982
Age	42
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	OTHERS - MECHANICAL ENGINEERING	2008	OTHERS - SRM UNIVERSITY	OTHERS - SRM UNIVERSITY	7.4	FIRST CLASS	
P.G.	M.TECH.	REMOTE SENSING AND GIS	2010	OTHERS - BHARATHIYAR UNIVERSITY	BHARATHIYAR UNIVERSITY	5.14	FIRST CLASS	

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	17-03-2014	25-11-2024	10	8	9
			Total	10	8	13

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
DEFENCE RESEARCH AND DEVELOPMENT ORGANISATION	SENIOR RESEARCH FELLOW	RESEARCH	23-05-2011	30-09-2013	2	4	9
				Total	2	4	10

VI. C.O.E. Appointment Experience :

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

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

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	303400
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	DR. KARTHICK B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/126 C, SHOLUR HOSAHATTY, SHOLUR VILLAGE AND POST
Line 2	OOTY - 643005
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9443101860
Email	BKARTHIOOTY14@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AKEPB9457C
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-492512981
Date of Birth	14-02-1978
Age	46
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2001	KUMARAGURU COLLEGE OF TECHNOLOGY (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	59	SECOND CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2009	SRI KRISHNA COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.41	FIRST CLASS	
PH.D.	PH.D.	STRUCTURAL ENGINEERING	2021	COIMBATORE INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
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
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	11-12-2009	25-11-2024	14	11	15
			Total	14	11	20

V. Industrial Experience :	

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
AKARA CONSULTANCY	PROJECT ENGINEER	PLANNING AND ESTIMATION	01-06-2001	15-08-2007	6	2	15
				Total	6	2	15

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

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

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	303438
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. NAVEEN KUMAR S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7/261 A, DHANALAKSHMI NILAYAM, YELLANALLI POST
Line 2	OOTY - 643243
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9080910959
Email	NAVEENSWEETY123@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	APQPN4648L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-801739768
Date of Birth	20-05-1985
Age	39
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2008	KUMARAGURU COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	OTHERS - WATER RESOURCES AND ENVIRONMENTAL ENGINEERING	2015	OTHERS - KARPAGAM UNIVERSITY	OTHERS - KARPAGAM UNIVERSITY	7.21	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

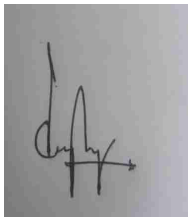
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2011	25-11-2024	13	5	25
			Total	13	5	27

V. Industrial Experience :

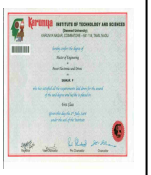
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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

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

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

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	303551
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. SANKAR P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/230 I 5, MANICKAL MATTAM, MANJOOR, KUNDHA BRIDGE POST
Line 2	MANJOOR - 643219
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9677364588
Email	PATELSANKAR@YAHOO.CO.IN
Gender	MALE
Community	BC
PAN Number	BRVPS5317R
Passport Number	
Faculty code given by C.O.E.	7106052
Faculty code given by A.I.C.T.E.	1-493030131
Date of Birth	11-05-1977
Age	47
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2000	OTHERS - KARUNYA INSTITUTE OF TECHNOLOGY	BHARATHIYAR UNIVERSITY	60	SECOND CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2006	OTHERS - KARUNYA INSTITUTE OF TECHNOLOGY	OTHERS - KARUNYA DEEMED UNIVERSITY	74	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	20-05-2006	25-11-2024	18	6	6
			Total	18	6	9

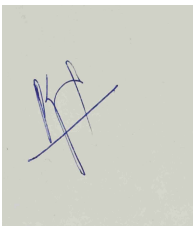
V. Industrial Experience :

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
4		2	100	50

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	303722
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	DR. RAINA O
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/127, SHANTHOOR, KETTI
Line 2	OOTY -643215
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 7094058241
Email	RAINA2OLIVER@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BWNPR3913D
Passport Number	
Faculty code given by C.O.E.	7106188
Faculty code given by A.I.C.T.E.	1-44526335452
Date of Birth	12-07-1989
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - CHEMISTRY	2010	OTHERS - NIRMALA COLLEGE FOR WOMEN CBE	BHARATHIYAR UNIVERSITY	62	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2014	OTHERS - KONGUNADU ARTS AND SCIENCE COLLEGE CBE	BHARATHIYAR UNIVERSITY	74	FIRST CLASS	
PH.D.	PH.D.	OTHERS - HYDRZINE CHEMISTRY	2019	OTHERS - KONGUNADU ARTS AND SCIENCE COLLEGE CBE	BHARATHIYAR UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
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
SRI RAMAKRISHNA ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	29-05-2019	29-10-2020	1	5	1
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2022	25-11-2024	2	5	25
			Total	3	10	1

V. Industrial Experience :	

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		3	200	25

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	303774
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	DR. PONMONI A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	660/3 TYPE1 QTRS, CORDITE FACTORY ESTATE, ARUVANKADU
Line 2	COONOOR -643202
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9750325828
Email	PONMONIRPJ@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BGBPA3077M
Passport Number	
Faculty code given by C.O.E.	71061129
Faculty code given by A.I.C.T.E.	1-1515734065
Date of Birth	05-07-1983
Age	41
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	2003	OTHERS - KAMARAJ COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	79	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2005	OTHERS - APC MAHALAKSHMI COLLEGE FOR WOMEN	MANOMANIAM SUNDARNAR UNIVERSITY	78.8	FIRST CLASS	
PH.D.	PH.D.	OTHERS - MATHEMATICS	2018	OTHERS - VOC COLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	Y		
OTHERS - M.PHILL	OTHERS - MATHEMATICS	OTHERS - MATHEMATICS	2009	OTHERS - MANONMANIYAM SUNDARNAR UNIVERSITY	MANOMANIAM SUNDARNAR UNIVERSITY	76	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	19-12-2012	25-11-2024	11	11	7
OTHERS - BISHOP CALDWELL COLLEGE	OTHERS - LECTURER	03-12-2007	03-12-2012	5	0	1
			Total	16	11	13

V. Industrial Experience :

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

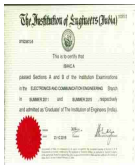
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
7			200	50

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	303853
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. ISAAC A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/220, LOURDHUPURAM, WELLINGTON, BARRACKS
Line 2	COONOOR -643231
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8248327005
Email	ISAACAMIE85@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AELPI2759F
Passport Number	
Faculty code given by C.O.E.	7106179
Faculty code given by A.I.C.T.E.	1-44635765802
Date of Birth	17-03-1985
Age	39
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	OTHERS - AMIE	ELECTRONICS AND COMMUNICATION ENGINEERING	2015	OTHERS - THE INSTITUTION OF ENGINEERS INDIA	OTHERS - THE INSTITUTION OF ENGINEERS INDIA	71.3	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2019	PPG INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	76	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-09-2021	25-11-2024	3	2	25
			Total	3	2	26

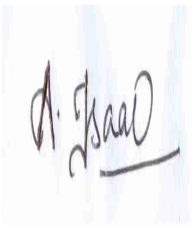
V. Industrial Experience :

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		3		10

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



Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	308154
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. SUNANDA JENCY S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/176 C2, MISSION COMPUND KETTI
Line 2	OOTY -643215
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9487300418
Email	SUNANDAJENCY@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	MQOPS0516B
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44149367642
Date of Birth	12-12-1995
Age	29
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2017	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2019	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	79	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2022	28-11-2024	2	5	28
			Total	2	5	0

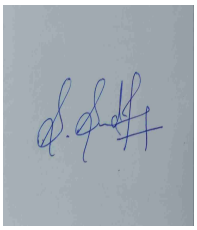
V. Industrial Experience :

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

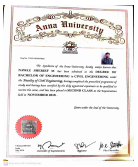
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	304239
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. NAWAZ SHERIEF M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	SHERIEF MANZIL,18, RAJAJI NAGAR
Line 2	COONOOR - 643102
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 7010736619
Email	NAWAZ.NS18@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BETPN7099J
Passport Number	
Faculty code given by C.O.E.	7106185
Faculty code given by A.I.C.T.E.	1-44120433605
Date of Birth	05-07-1997
Age	27
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2018	AL-AMEEN ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	6.47	SECOND CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2022	GOVERNMENT COLLEGE OF ENGINEERING SALEM (AUTONOMOUS)	ANNA UNIVERSITY	9.8	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	29-06-2022	26-11-2024	2	4	28
			Total	2	4	0

V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	304367
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	M.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. ARUNA C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/1, MILIDHANE POST, NEDUGULA
Line 2	KOTAGIRI - 643217
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9486639009
Email	ARUNA.RAJESH02@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BPQPA0140F
Passport Number	
Faculty code given by C.O.E.	7106159
Faculty code given by A.I.C.T.E.	1-3246812547
Date of Birth	24-06-1980
Age	44
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2013	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-11-2015	26-11-2024	9	0	25
			Total	9	0	25

V. Industrial Experience :

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

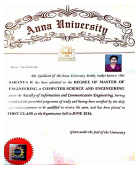
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	304423
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. SARANYA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	272, BROOK LANDS,
Line 2	COONOOR -643101
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8668070405
Email	SARANYACSICE@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	EHOPS4736Q
Passport Number	
Faculty code given by C.O.E.	7106180
Faculty code given by A.I.C.T.E.	1-44151454618
Date of Birth	16-06-1993
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2014	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2016	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	76	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	24-05-2022	26-11-2024	2	6	3
			Total	2	6	6

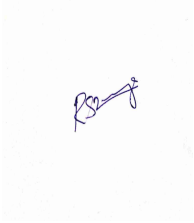
V. Industrial Experience :	

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

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

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

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



Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	304489
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. KEERTHI T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	196, YELLANALLI, OLD ARUVANKADU ROAD
Line 2	OOTY - 643243
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8524080211
Email	IHTREEK18@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	CLBPT0905P
Passport Number	
Faculty code given by C.O.E.	7106199
Faculty code given by A.I.C.T.E.	1-44189816504
Date of Birth	02-01-1998
Age	26
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2020	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	6.93	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2022	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.83	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	20-09-2023	26-11-2024	1	2	7
			Total	1	2	8

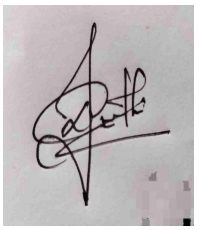
V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	308237
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. JEYASEELAN K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/177- ANNAI ILLAM VIJAYATHA COLONY
Line 2	DINDIGUL -624001
District	DINDIGUL
Telephone number	-
Mobile number	+91 - 9994375454
Email	JCLANME@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ATJPJ0563F
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-1515454445
Date of Birth	05-04-1987
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2009	KURINJI COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2012	OTHERS - KARPAGAM UNIVERSITY	OTHERS - KARPAGAM UNIVERSITY	68	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-04-2023	28-11-2024	1	7	24
			Total	1	7	27

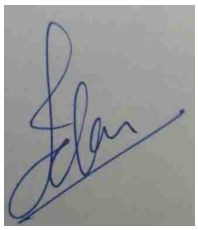
V. Industrial Experience :

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

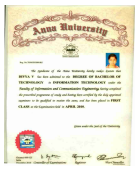
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	304760
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. DIVYA V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	141, PRADIVI, VIJAYANAGARAM GARDENS, NEAR ROSE GARDEN
Line 2	OOTY -643001
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9488486163
Email	DIVYA.VICTOR52@YAHOO.COM
Gender	FEMALE
Community	BC
PAN Number	CUIPD4200R
Passport Number	
Faculty code given by C.O.E.	7106211
Faculty code given by A.I.C.T.E.	1-44183723926
Date of Birth	13-03-1989
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2010	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	79.9	FIRST CLASS	

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-08-2024	26-11-2024	0	3	22
			Total	0	3	23

V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	308188
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. FIRTHOUSE HANEEF
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	100C KAPPINI GOWDER LANE, BURMA CELL
Line 2	OOTY - 643001
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9344641203
Email	FIRTHOUSEHANEEF@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AIPPF5949L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44725790054
Date of Birth	20-11-1999
Age	25
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2021	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2023	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2024	28-11-2024	0	0	28
			Total	0	0	28

V. Industrial Experience :

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

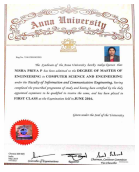
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	304889
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	DR. NISHA PRIYA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	10/326 A2, BALAJI NAGAR, ARUVANKADU
Line 2	COONOOR - 643202
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9943706755
Email	NISHA@CSICE.EDU.IN
Gender	FEMALE
Community	BC
PAN Number	AIQPN2045L
Passport Number	
Faculty code given by C.O.E.	7106010
Faculty code given by A.I.C.T.E.	1-493838370
Date of Birth	18-03-1986
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2007	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2016	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	78	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-09-2007	26-11-2024	17	2	24
			Total	17	2	25

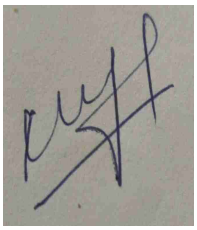
V. Industrial Experience :

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		2		50

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	308403
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. GLORY THANGAM JUDITH J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3, THIRUMARAIYUR ROAD, NAZARETH, TIRUCHENDUR TK
Line 2	NAZARETH, THOOTHUKKUDI - 628617
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9500195552
Email	GLORY.JUDITH@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AXDPG3729Q
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44725925764
Date of Birth	15-09-1988
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	OTHERS - BIOINFORMATICS	2010	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA UNIVERSITY	6.66	FIRST CLASS	
P.G.	M.TECH.	BIOTECHNOLOGY	2012	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA UNIVERSITY	7.88	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2024	28-11-2024	0	0	28
			Total	0	0	28

V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	309560
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. GIDEON PAUL S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4, BELMOUNT, VANDISOLAI ROAD
Line 2	OOTY - 643001
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9677337943
Email	SGIDEONPAUL@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	FOQPP5065F
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44725790437
Date of Birth	15-05-1998
Age	26
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2021	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	76	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2024	29-11-2024	0	0	29
			Total	0	0	29

V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	308745
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MS. JANANI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	109/B, MEL GANDHI NAGAR, HOBART ROAD
Line 2	OOTY - 643001
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 7010714729
Email	JANANIDC984@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	DZMPR8986N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44724023401
Date of Birth	28-07-1999
Age	25
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2020	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	78	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	08-11-2024	29-11-2024	0	0	22
			Total	0	0	22

V. Industrial Experience :

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

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

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

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	308882
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING (CYBER SECURITY)
Name of the faculty member	MR. REMOS A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7/103, WELLINGTON GYMKHANA CLUB
Line 2	COONOOR - 643231
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8072519895
Email	REMO9694@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BJTPR2523N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44725934894
Date of Birth	17-06-1994
Age	30
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2017	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	72	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2024	29-11-2024	0	0	29
			Total	0	0	29

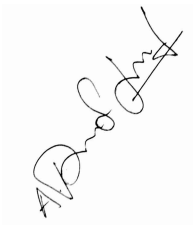
V. Industrial Experience :

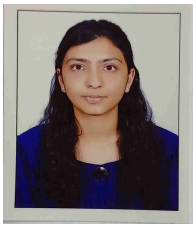
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

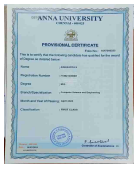
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	308906
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MS. AISHWARYA K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	139 H, APPLE BY TOWN AREA
Line 2	COONOOR - 643102
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9385606266
Email	AISHWARYAK964@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CHBPA4696L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44122928231
Date of Birth	03-12-1999
Age	25
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2021	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	80	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2023	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	81	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2024	29-11-2024	0	0	29
			Total	0	0	29

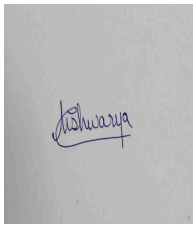
V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	309063
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. SANTHOSH R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	10/74, KRISHNA VILAS,ARUVANKADU
Line 2	ARUVANKADU -643202
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 7708675833
Email	SANTHOSHRANI94@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	LMDPS1797N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44185206850
Date of Birth	17-04-1994
Age	30
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2018	SASURIE ACADEMY OF ENGINEERING	ANNA UNIVERSITY	61	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2022	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.7	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2024	29-11-2024	0	0	29
			Total	0	0	29

V. Industrial Experience :

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

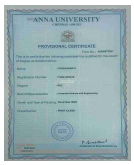
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	309487
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING (ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING)
Name of the faculty member	MRS. YOGESHWARI C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	8/211 Q, BLUE HILLS AVENUE, METTUPALAYAM
Line 2	641301
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 7094636600
Email	KEERTHANAKEERTHU@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	CLEPC1564J
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44122928231
Date of Birth	05-04-1997
Age	27
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2018	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	6.82	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2023	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.03	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2024	29-11-2024	0	0	29
			Total	0	0	29

V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	309789
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. JEGADEESH S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/159A KURUTHUKOLI
Line 2	OOTY
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9786660043
Email	VICHUU.JAGA@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BHWPJ7374L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44727126464
Date of Birth	05-03-1991
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
P.G.	M.E.	MANUFACTURING ENGINEERING	2016	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2024	29-11-2024	0	0	29
			Total	0	0	29

V. Industrial Experience :

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

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

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

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	309841
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. VIGNESH GOPALAKRISHNAN G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/289B JEGATHALA VILLAGE AND POST
Line 2	ARUVANKADU - 643202
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9566510133
Email	VIGNESHJG90@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AXNPV0723D
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44727116654
Date of Birth	26-05-1990
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2011	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	THERMAL ENGINEERING	2014	CHRIST THE KING ENGINEERING COLLEGE	ANNA UNIVERSITY	67	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PPG INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	30-06-2015	25-05-2023	7	10	26
KGISL INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	15-12-2014	25-06-2015	0	6	11
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2024	29-11-2024	0	0	29
			Total	8	6	9

V. Industrial Experience :

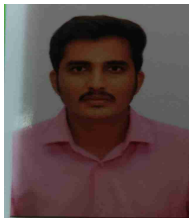
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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

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

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	309872
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. SANJEEV KARIVARATHAN R K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/136B, SATHY MAIN ROAD, ALANGOMBU
Line 2	METTUPALAYAM - 641302
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 8778332349
Email	RKSANJEEVMECH012@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	LAVPS3001F
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-447277478131
Date of Birth	12-07-1997
Age	27
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2018	BANNARI AMMAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	7.9	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2020	BANNARI AMMAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.5	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CHRIST THE KING ENGINEERING COLLEGE	ASSISTANT PROFESSOR	28-02-2022	17-05-2023	1	2	18
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2024	30-11-2024	0	0	30
			Total	1	3	19

V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	309889
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. ARUN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/343, BILLICOMBAI VILLAGE AND POST
Line 2	KATTABETTU - 643214
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9943283699
Email	VEEARR2001@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AWAPA4304R
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2288947827
Date of Birth	09-05-1982
Age	42
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2005	M.P.NACHIMUTHU M.JAGANATHAN ENGINEERING COLLEGE	ANNA UNIVERSITY	75	DISTINCTION	
P.G.	M.E.	THERMAL ENGINEERING	2011	ANNA UNIVESITY REGIONAL CAMPUS, TIRUCHIRAPPALLI	ANNA UNIVERSITY	8.3	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
DR MAHALINGAM COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	14-07-2014	03-07-2023	8	11	21
V S B ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	12-02-2007	03-07-2014	7	4	20
V S B ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	08-08-2023	08-10-2024	1	2	1
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2024	30-11-2024	0	0	30
			Total	17	7	15

V. Industrial Experience :

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

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

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

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	309884
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. RAJKUMAR B
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7/42, BANAHATTY, BILLICOMBAI POST
Line 2	643214
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9786289290
Email	NIKE.YASHU@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ANIPR3767J
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44727598814
Date of Birth	20-05-1970
Age	54
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	1992	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	59.8	SECOND CLASS	
P.G.	M.E.	PRODUCT DESIGN AND DEVELOPMENT	2007	SONA COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	74.8	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
NEHRU INSTITUTE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSOCIATE PROFESSOR	16-02-2011	25-05-2022	11	3	10
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-06-2007	03-01-2011	3	6	30
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2024	30-11-2024	0	0	30
			Total	14	11	14

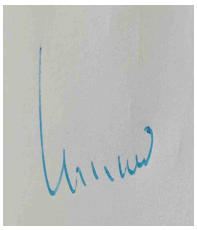
V. Industrial Experience :	

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

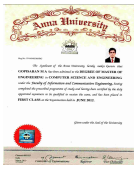
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	309997
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MR. GOPISARAN M A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	M2/12, PONVIZHA NAGAR, TRICY ROAD
Line 2	NAMMAKKAL - 637002
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8220262896
Email	MAGOPISARAN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BDJPG2891J
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44205493288
Date of Birth	03-07-1989
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2010	SRI RAMAKRISHNA INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2012	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	81	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	21-01-2013	14-06-2016	3	4	25
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	06-05-2024	03-12-2024	0	6	29
			Total	3	11	29

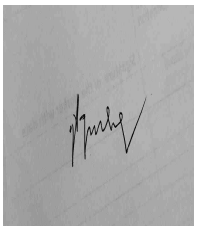
V. Industrial Experience :	

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

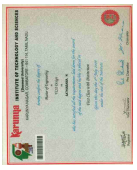
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	301667
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	M.E.-POWER ELECTRONICS AND DRIVES
Name of the faculty member	DR. SATHIABAMA N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9/66, KUMARAN KUDIL, MELUR POST
Line 2	OOTY -643221
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8248131410
Email	SATYAGANS@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BJFPS7542L
Passport Number	
Faculty code given by C.O.E.	7106053
Faculty code given by A.I.C.T.E.	1-492831505
Date of Birth	29-05-1973
Age	51
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2003	COIMBATORE INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2006	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA UNIVERSITY	8.02	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	17-04-2006	22-11-2024	18	7	6
			Total	18	7	9

V. Industrial Experience :	

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

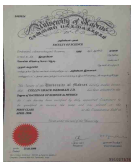
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
6			200	50

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	303671
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MRS. COLLIN GRACE DEBORAH J D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	377/1, MUSALNAICKANPALAYAM, N.KADAMPALAYAM AND POST
Line 2	NAMAKKAL -637203
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9942703608
Email	COLLINGRACEJD@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BDQPD8663Q
Passport Number	
Faculty code given by C.O.E.	7106147
Faculty code given by A.I.C.T.E.	1-509646273
Date of Birth	08-07-1976
Age	48
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - PHYSICS	1998	OTHERS - NKR COLLEGE OF ARTS AND SCIENCE FOR WOMEN	UNIVERSITY OF MADRAS	66	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2002	OTHERS - UNIVERSITY OF MADRAS	UNIVERSITY OF MADRAS	59	SECOND CLASS	
OTHERS - M.PHIL	OTHERS - PHYSICS	OTHERS - XRD	2006	OTHERS - BHARATHIDASAN UNIVERSITY	BHARATHIDASAN UNIVERSITY	75	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	21-02-2011	25-11-2024	13	9	5
			Total	13	9	9

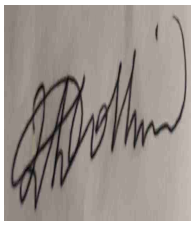
V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	306259
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-TAMIL
Name of the faculty member	MRS. MELITA JASMINE D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/323, KEREDA VILLAGE, LOVEDALE POST
Line 2	OOTY -643003
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8098509421
Email	D.MELITAJASMINE83@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DRNPM3278M
Passport Number	
Faculty code given by C.O.E.	7106203
Faculty code given by A.I.C.T.E.	1-44720677033
Date of Birth	20-04-1983
Age	41
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.A.	OTHERS - TAMIL	2012	OTHERS - TAMILNADU OPEN UNIVERSITY	OTHERS - TAMILNADU OPEN UNIVERSITY	68	FIRST CLASS	
P.G.	OTHERS - M.A	OTHERS - TAMIL	2017	ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	57	SECOND CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-01-2024	27-11-2024	0	10	10
			Total	0	10	15

V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	303814
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MR. PRAKASH T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6/82, SHOLUR, BACKODAI,SHOLUR POST
Line 2	OOTY -643005
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9442016968
Email	PRAKASHTHONAN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AUJPP6778K
Passport Number	
Faculty code given by C.O.E.	7106065
Faculty code given by A.I.C.T.E.	1-508767571
Date of Birth	15-05-1974
Age	50
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	1997	OTHERS - GOVERNMENT ARTS COLLEGE OOTY	BHARATHIYAR UNIVERSITY	46.7	OTHERS - THIRD	
P.G.	M.SC.	OTHERS - MATHEMATICS	1999	OTHERS - SRI RAMAKRISHNA MISSION VIDHAYALA COLLETGE OF ARTS AND SCIENCE	BHARATHIYAR UNIVERSITY	67.6	FIRST CLASS	
OTHERS - M.PHILL	OTHERS - MATHEMATICS	OTHERS - TOPOLOGY	2002	OTHERS - NGM COLLEGE OF ARTS AND SCIENCE POLLACHI	BHARATHIYAR UNIVERSITY	60	FIRST CLASS	

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I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score : 192
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
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	20-08-2005	25-11-2024	19	3	6
OTHERS - KANDHAN COLLEGE OF ARTS AND SCIENCE	OTHERS - LECTURER	03-06-2002	12-08-2005	3	2	10
			Total	22	5	18

V. Industrial Experience :	

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

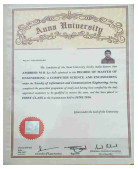
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
12			150	25

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	313392
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING (CYBER SECURITY)
Name of the faculty member	MR. AMBRISH R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	759/14, TYPE 1 QURTS
Line 2	CF ARUVANKADU - 643202
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9159595998
Email	AMBRISHMECS@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BINPA4364D
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-4686468004
Date of Birth	29-07-1991
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2013	MAHARAJA INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	58	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2016	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-01-2025	30-01-2025	0	0	4
			Total	0	0	4

V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	313874
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. JOHN SATHYA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	11/207 A, SHANTHOOR,
Line 2	KETTI - 643215
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9486248113
Email	MJOHNSATHYA@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ASIPJ3326L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-2192182930
Date of Birth	28-02-1989
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2011	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	79.3	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA UNIVERSITY	75.3	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-06-2013	30-01-2025	11	7	27
			Total	11	7	0

V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	313929
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING (CYBER SECURITY)
Name of the faculty member	MRS. ANGEL PEMALA G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	43/98B, MISSION COMPOUND
Line 2	KOTAGIRI - 643217
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 7868073318
Email	ANGELGILBERT10@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DAQPA1781K
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44789002634
Date of Birth	10-09-1990
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2012	KIT - KALAIGNARKARUNANIDHI INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	84.7	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2018	J.K.K.NATARAJA COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	83.5	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-01-2025	30-01-2025	0	0	4
			Total	0	0	4

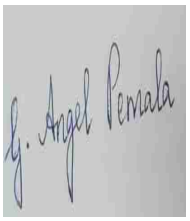
V. Industrial Experience :

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

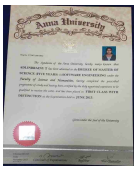
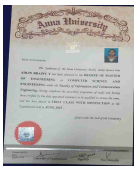
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	314011
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. ADLIN BRAINY T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	82/17 B1 TOWN CENTRAL NEW POLICE QUARTERS
Line 2	OOTY - 643001
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8610157322
Email	BRAINY.ADLIN@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CDRPT1425Q
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44789214324
Date of Birth	26-04-1991
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	OTHERS - MSC	OTHERS - SOFTWARE ENGINEERING	2013	SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	85	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	PONJESLY COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.91	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-01-2025	31-01-2025	0	0	5
			Total	0	0	5

V. Industrial Experience :

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

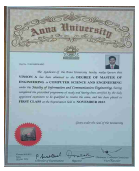
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	314102
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING (ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING)
Name of the faculty member	MR. VINSON A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	68, SIRUVALUR ROAD, KAVUNDHAPADI
Line 2	ERODE - 638455
District	ERODE
Telephone number	-
Mobile number	+91 - 6379227545
Email	VINSONABEL@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CGSPV3737R
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44789308474
Date of Birth	05-05-2000
Age	25
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2021	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.62	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2023	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.5	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-01-2025	31-01-2025	0	0	5
			Total	0	0	5

V. Industrial Experience :

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

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

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

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	314297
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING (ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING)
Name of the faculty member	MRS. ATHUNNIYA PRIYA DHARSINI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/4 R 54B, KAMARAJ NAGAR, O VALLEY
Line 2	GUDALUR - 643211
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 6380698162
Email	ATHUNNIYA1615@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	MYJPS6673N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44789638667
Date of Birth	16-05-2000
Age	25
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2021	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-01-2025	31-01-2025	0	0	5
			Total	0	0	5

V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	305232
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MR. DOMINIC XAVIER J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	64A1, BETHANIA HOUSE, MOUNTPLEASANT
Line 2	COONOOR - 643102
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9943492899
Email	DOMCHEM@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	APVPD3255J
Passport Number	
Faculty code given by C.O.E.	7106066
Faculty code given by A.I.C.T.E.	1-508835459
Date of Birth	18-11-1981
Age	43
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - CHEMISTRY	2002	OTHERS - GOVERNMENT ARTS COLLEGE OOTY	BHARATHIYAR UNIVERSITY	74.64	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2005	OTHERS - SRI RAMAKRISHNA VIDYALAYA CAS CBE	BHARATHIYAR UNIVERSITY	76	DISTINCTION	
OTHERS - M.PHILL	OTHERS - M.PHILL	OTHERS - CHEMISTRY	2007	OTHERS - PERIYAR UNIVERSITY SALEM	PERIYAR UNIVERSITY	73.5	FIRST CLASS	

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	20-07-2007	26-11-2024	17	4	7
OTHERS - GOVERNMENT ARTS COLLEGE OOTY	ASSISTANT PROFESSOR	01-06-2005	19-07-2007	2	1	19
			Total	19	5	28

V. Industrial Experience :	

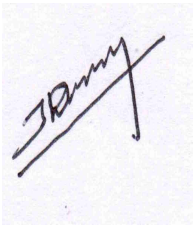
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
5	2	3	200	

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

Signature of the Faculty :



Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	305289
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MR. AMAL RAJ I
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6/120,NEHRU NAGAR ,SELAS
Line 2	643213
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8110062895
Email	AMALRAJENGLISH123@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ERVPA5657P
Passport Number	
Faculty code given by C.O.E.	7106185
Faculty code given by A.I.C.T.E.	1-44151772737
Date of Birth	03-02-1997
Age	27
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.A.	ENGLISH	2015	OTHERS - KAYPEEYES ARTS AND SCIENCE	BHARATHIYAR UNIVERSITY	95	DISTINCTION	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2021	OTHERS - ANNAMALAIUNIVERSITY	ANNAMALAI UNIVERSITY	91	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	22-06-2023	26-11-2024	1	5	5
			Total	1	5	7

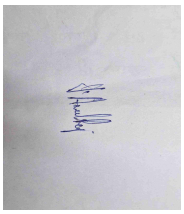
V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	305324
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MRS. SARITHA E K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/8F,KARAKORAI VILLAGE, JEGATHALA ROAD, ARUVANKADU
Line 2	COOOOR - 643202
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9585632713
Email	SARIBABU2@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CILPS9728L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44127857992
Date of Birth	02-05-1982
Age	42
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.A.	ENGLISH	2002	OTHERS - PROVIDENCE COLLEGE FOR WOMEN	BHARATHIYAR UNIVERSITY	59.5	SECOND CLASS	
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2010	ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	55	SECOND CLASS	

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	11-09-2023	26-11-2024	1	2	16
			Total	1	2	17

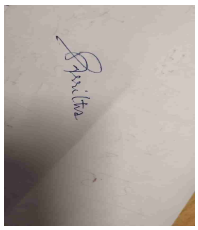
V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	307356
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. PREM KUMAR J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/499, THORAIJADA, SHANTHOOR
Line 2	OOTY - 643215
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9080739318
Email	PREMMECH0802@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BTFPP0303J
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44724758341
Date of Birth	08-07-1992
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2014	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2016	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	75	FIRST CLASS	

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-02-2022	28-11-2024	2	9	26
			Total	2	9	0

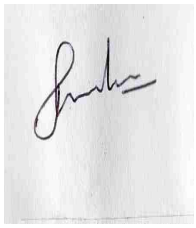
V. Industrial Experience :

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

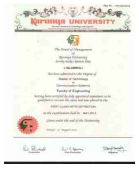
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	305501
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	DR. SILAMBOLI J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/185 A, PUDHUPET, VADATHORASALUR POST
Line 2	KALLAKURICHI - 606206
District	KALLAKURICHI
Telephone number	-
Mobile number	+91 - 8925385771
Email	J.SILAMBOLI@CSICE.EDU.IN
Gender	MALE
Community	BC
PAN Number	FFCPS8695H
Passport Number	
Faculty code given by C.O.E.	7106104
Faculty code given by A.I.C.T.E.	1-813832909
Date of Birth	24-06-1988
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2009	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA UNIVERSITY	7.26	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMMUNICATION SYSTEM	2012	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA UNIVERSITY	8.5	DISTINCTION	
PH.D.	PH.D.	ELECTRONICS ENGINEERING	2024	OTHERS - JAIN DEEMED TO BE UNIVERSITY	OTHERS - JAIN DEEMED TO BE UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	18-04-2012	26-11-2024	12	7	9
			Total	12	7	12

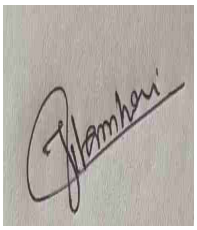
V. Industrial Experience :	

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		3	250	

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	305534
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. SIVALINGAN K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	6/342, THANGADU, T.HORONALLI POST
Line 2	OOTY - 643003
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9943386755
Email	SIVALINGAN03@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DYEPS1599M
Passport Number	
Faculty code given by C.O.E.	7106143
Faculty code given by A.I.C.T.E.	1-2499412803
Date of Birth	30-05-1975
Age	49
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	OTHERS - AMIE	ELECTRONICS AND COMMUNICATION ENGINEERING	2010	OTHERS - THE INSTITUTION OF ENGINEERING INDIA	OTHERS - THE INSTITUTIONS OF ENGINEERING INIDIA KOLKATTA	7.13	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2014	OTHERS - KARPAGAM UNIVERSITY	OTHERS - KARPAGAM UNIVERSITY	8.32	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

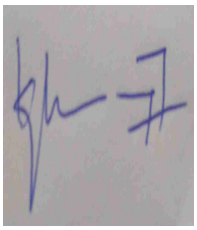
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-06-2014	26-11-2024	10	5	26
			Total	10	5	28

V. Industrial Experience :

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

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

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
4	3	3	150	100

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

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	309135
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. MANECK NAVEEN O
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/11, ONAGUNDU,SHANTHOOR, KETI
Line 2	OOTY -643215
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 7200243669
Email	MNMANECK@GMAIL.COM
Gender	MALE
Community	ST
PAN Number	BWEPM6965K
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44726629564
Date of Birth	09-07-1995
Age	29
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2016	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2018	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	83	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2024	29-11-2024	0	0	29
			Total	0	0	29

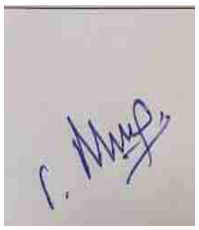
V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	305763
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. KAVIYARASAN A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/1009 A, PALANAMPADI VILLAGE, BARUR POST
Line 2	POCHAMPALLI TK, KRISHNAGIRI DT - 635201
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 8667085902
Email	KAVIROMANKAVI@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	EPCPK2962E
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44720509684
Date of Birth	18-02-1997
Age	27
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2018	ANNA UNIVESITY REGIONAL CAMPUS,TIRUCHIRAPPALLI	ANNA UNIVERSITY	58	SECOND CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2021	ALAGAPPA CHETTIAR GOVERNMENT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ALAGAPPA UNIVERSITY	84	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

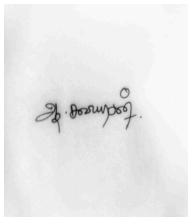
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	26-04-2023	27-11-2024	1	7	2
			Total	1	7	5

V. Industrial Experience :

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

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

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

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

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	307466
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. REVATHI L
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	61, NETHAJI NAGAR, FINGER POST
Line 2	OOTY - 643006
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9789993905
Email	REVATHI.11RAY@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	BPNPR4439D
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44150648712
Date of Birth	11-06-1992
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2013	K S R COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2022	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	84	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	20-03-2023	28-11-2024	1	8	9
			Total	1	8	13

V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	305997
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. KOWSALYA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	RVS COMPLEX,SHANTHOOR
Line 2	KETTI -643215
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9443284045
Email	KOWSE89@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DOMPK6715K
Passport Number	
Faculty code given by C.O.E.	7106215
Faculty code given by A.I.C.T.E.	1-2191772743
Date of Birth	04-07-1989
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2010	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2013	OTHERS - KARPAGAM UNIVERSITY	OTHERS - KARPAGAM UNIVERSITY	83	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-06-2013	27-11-2024	11	5	25
			Total	11	5	27

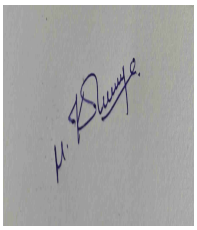
V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	306065
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. IRFANA PARVEEN
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	TEA BOARD QUARTERS, 78MIG HOUSING UNIT,VANNARPET
Line 2	COONOOR - 643102
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9074203638
Email	PARVEENSHAMEER123@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	AMDPI7616P
Passport Number	
Faculty code given by C.O.E.	7106200
Faculty code given by A.I.C.T.E.	1-44720509865
Date of Birth	24-05-1995
Age	29
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	OTHERS - CIVIL ENGINEERING	2017	OTHERS - COCHIN COLLEGE OF ENGINEERING AND TECHNOLOGY VALANCHERY	OTHERS - UNIVERSITY OF CALICUT	7.61	FIRST CLASS	
P.G.	M.TECH.	OTHERS - STRUCTURAL ENGINEERING AND CONSTRUCTION MANAGEMENT	2020	OTHERS - INDRA GANDHI INSTITUTE OF TECHNOLOGY KOTHAMANGALAM	OTHERS - APJ ABDUL KALAM TECHNOLOGICAL UNIVERSITY	7.91	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	20-11-2023	27-11-2024	1	0	8
OTHERS - ENGINEERS TRAINING CENTRE PALARIVATTOM	ASSISTANT PROFESSOR	05-06-2018	04-07-2019	1	0	30
			Total	2	1	8

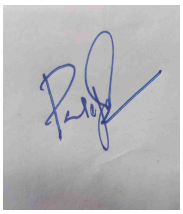
V. Industrial Experience :	

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

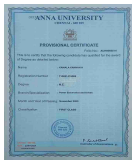
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	307549
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. KAMALAKANNAN A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7/120 B1 A, THATTAMPARA, AYYANKOLLI
Line 2	GUDALUR - 643239
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9489124497
Email	KANNANKANNA4832@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	GKJPK7185M
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44724758449
Date of Birth	04-11-1998
Age	26
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2020	UNITED INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2023	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.70	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2024	28-11-2024	0	0	28
			Total	0	0	28

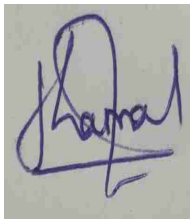
V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	306206
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MRS. VIDHYA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	110/A, BOMBAY CASTLE,
Line 2	OOTY - 643001
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9486183463
Email	VIDHYA.OOTY@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AQYPR7537F
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-758650722
Date of Birth	12-09-1982
Age	42
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHS	2003	OTHERS - AVINASHILINGAM DEEMED UNIVERSITY	OTHERS - AVINASHILINGAM DEEMED UNIVERSITY	71	FIRST CLASS	
P.G.	M.SC.	OTHERS - COMPUTER SCIENCE	2005	ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2011	ANNA UNIVESITY REGIONAL CAMPUS,TIRUCHIRAPPALLI	ANNA UNIVERSITY	83	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - COMPUTER SCIENCE	2007	ANNAMALAI UNIVERSITY	ANNAMALAI UNIVERSITY	65	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	16-07-2007	31-07-2019	12	0	16
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	06-05-2024	27-11-2024	0	6	22
			Total	12	7	11

V. Industrial Experience :	

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

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

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

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

Signature of the Faculty :

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	306308
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. RAJA LAKSHMI C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	749/12, TYPE II QUARTERS, CATLE POUND
Line 2	COONOOR -643202
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8946055658
Email	RAJALAKSHMIMSC96@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	EEWPR4679A
Passport Number	
Faculty code given by C.O.E.	7106209
Faculty code given by A.I.C.T.E.	1-44720676784
Date of Birth	17-06-1996
Age	28
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	2016	OTHERS - APC MAHALAXMI COLLEGE FOR WOMEN TUTICORIN	MANOMANIAM SUNDARNAR UNIVERSITY	95.4	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2018	OTHERS - APC MAHALAXMI COLLEGE FOR WOMEN TUTICORIN	MANOMANIAM SUNDARNAR UNIVERSITY	93.1	DISTINCTION	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2019	OTHERS - APC MAHALAXMI COLLEGE FOR WOMEN TUTICORIN	MANOMANIAM SUNDARNAR UNIVERSITY	96.7	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	07-08-2024	27-11-2024	0	3	21
			Total	0	3	22

V. Industrial Experience :	

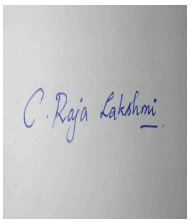
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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

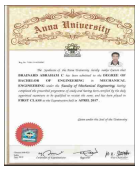
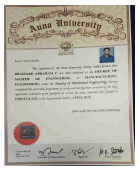
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)

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

Signature of the Faculty :



Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	307640
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. BRAINARD ABRAHAM C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/40E, UPPER SHANTHOOR, KETTI
Line 2	OOTY - 643215
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8667735191
Email	BRAIN5310@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DGIPA7347K
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-9607560626
Date of Birth	07-03-1994
Age	30
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2017	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	69.1	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2019	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	82.8	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-01-2020	28-11-2024	4	10	26
			Total	4	10	1

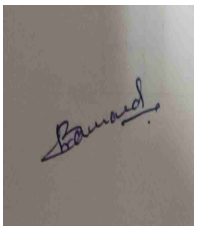
V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	306534
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. RAMYA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	44 BOGHI STREET, KANDAL
Line 2	OOTY - 643006
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8940999181
Email	RAMYASHANKAR976@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	FVHPR3375C
Passport Number	
Faculty code given by C.O.E.	7106201
Faculty code given by A.I.C.T.E.	1-44722145585
Date of Birth	27-01-2000
Age	24
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2021	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	76	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2023	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	75	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	26-06-2023	27-11-2024	1	5	2
			Total	1	5	4

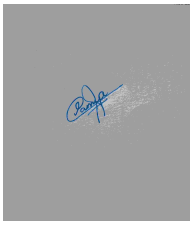
V. Industrial Experience :	

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	306477
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. BUVANSHWARI G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	343, KURUSHADI COLONY, KANDAL, FINGERPOST
Line 2	OOTY - 643006
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 6383373276
Email	BUVANACSICE@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	DXVPB1182D
Passport Number	
Faculty code given by C.O.E.	7106210
Faculty code given by A.I.C.T.E.	1-44722145527
Date of Birth	01-06-2001
Age	23
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2022	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	76	FIRST CLASS	

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	16-08-2024	27-11-2024	0	3	12
			Total	0	3	13

V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	306567
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MR. JEEVAKUMAR S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/298, PERAR,T MAINAILAI POST
Line 2	OOTY -643002
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9080720028
Email	JEEVASAMIVEL7DS@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	CFOPJ3536H
Passport Number	
Faculty code given by C.O.E.	7106206
Faculty code given by A.I.C.T.E.	1-44720677171
Date of Birth	03-09-1998
Age	26
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2021	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	76	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-10-2024	27-11-2024	0	1	27
			Total	0	1	27

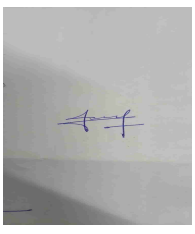
V. Industrial Experience :

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

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

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	306624
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. ANGELINE PEARL G P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	142 A, SHREE NIVAS, HOSPITAL ROAD
Line 2	OOTY -643001
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 8946013011
Email	ANGELINEPEARL22@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	EOAPA9050L
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-44722145673
Date of Birth	22-09-1999
Age	25
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2021	CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	83	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2024	OTHERS - KARUNYA UNIVERSITY	OTHERS - KARUNYA UNIVERSITY	88	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-11-2024	27-11-2024	0	0	27
			Total	0	0	27

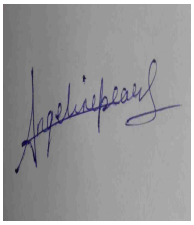
V. Industrial Experience :

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

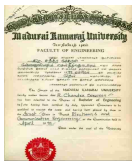
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

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

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

Signature of the Faculty : 

Name of the College	7106 - CSI COLLEGE OF ENGINEERING
Faculty ID	307771
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	DR. CHANDRA SEKARAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	303/24/1, BAND LANE, BEHIND LIBERTY THEATRE
Line 2	OOTY - 643001
District	NILGIRIS
Telephone number	-
Mobile number	+91 - 9384440788
Email	CHANDRU_OSHO@CSICE.EDU.IN
Gender	MALE
Community	SC
PAN Number	AHJPC4914H
Passport Number	
Faculty code given by C.O.E.	7106109
Faculty code given by A.I.C.T.E.	1-506638111
Date of Birth	14-04-1978
Age	46
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	1999	RVS COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	OPTICAL COMMUNICATION	2005	ALAGAPPA CHETTIAR GOVERNMENT COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	76	FIRST CLASS	
PH.D.	PH.D.	OTHERS - INFORMATION AND COMMUNICATION ENGINEERING	2022	KPR INSTITUTE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

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

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	FACULTY OF INFORMATION AND COMMUNICATION ENGINEERING
IV. Academic Experience : **(Start from the Current working Experience) ***	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
MOUNT ZION COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	28-07-2004	05-11-2004	0	3	9
CSI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	09-10-2007	28-11-2024	17	1	20
CSI COLLEGE OF ENGINEERING	OTHERS - LECTURER	04-01-2005	10-08-2007	2	7	7
SRI KRISHNA ENGINEERING COLLEGE	OTHERS - LECTURER	02-07-2001	30-08-2003	2	1	29
			Total	22	2	6

V. Industrial Experience :

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

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

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

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

Signature of the Faculty :