Name of the Department ELECTRICAL AND ELECTRONICS ENGINEERING Name of the Degree & Course B.EELECTRICAL AND ELECTRONICS ENGINEERING Name of the faculty member MR. VIJAY ANAND L Regular Image Present Designation ASSISTANT PROFESSOR Residential Address Line 1 Line 2 NAGERKOVIL, 629502 District KANYAKUMARI Telephone number 42652 - 253252 Hobbile number 491 - 9944201701 VIJAY.21A@GMAIL.COM MALE Community BC PAN Number PASSPORT Number						
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Image ASSISTANT PROFESSOR Residential Address Line 1 Line 2 NAGERKOVIL, 629502 District KANYAKUMARI Telephone number 42652 - 253252 H91 - 9944201701 VIJAY.21A@GMAIL.COM Gender MALE Community PAN Number Passport Number	Name of the faculty member	MR. VIJAY ANAND L				
Present Designation ASSISTANT PROFESSOR Residential Address Line 1 Line 2 NAGERKOVIL, 629502 District KANYAKUMARI Telephone number 42652 - 253252 Mobile number +91 - 9944201701 Email VIJAY.21A@GMAIL.COM Gender MALE Community BC PAN Number AJAPV7003K	Regular Or Adjunct	Regular				
Residential Address Line 2 NAGERKOVIL, 629502 District KANYAKUMARI Telephone number 42652 - 253252 Mobile number +91 - 9944201701 Email VIJAY.21A@GMAIL.COM Gender MALE Community BC PAN Number AJAPV7003K	Image					
Line 1 POST Line 2 NAGERKOVIL, 629502 District KANYAKUMARI Telephone number 42652 - 253252 Mobile number +91 - 9944201701 Email VIJAY.21A@GMAIL.COM Gender MALE Community BC PAN Number AJAPV7003K Passport Number	Present Designation	ASSISTANT PROFESSOR				
District KANYAKUMARI 42652 - 253252 Mobile number +91 - 9944201701 Email VIJAY.21A@GMAIL.COM Gender MALE Community BC PAN Number AJAPV7003K	Residential Address Line 1					
Felephone number 42652 - 253252 Mobile number +91 - 9944201701 Email VIJAY.21A@GMAIL.COM Gender MALE Community BC PAN Number AJAPV7003K Passport Number	Line 2	NAGERKOVIL, 629502				
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Email VIJAY.21A@GMAIL.COM Gender MALE Community BC PAN Number AJAPV7003K Passport Number	Telephone number	42652 - 253252				
Gender MALE Community BC PAN Number AJAPV7003K Passport Number	Mobile number	+91 - 9944201701				
Community BC PAN Number AJAPV7003K Passport Number	Email	VIJAY.21A@GMAIL.COM				
PAN Number AJAPV7003K Passport Number	Gender	MALE				
Passport Number	Community	BC				
	PAN Number	AJAPV7003K				
	Passport Number					
Aadhar Number 678602294585	Aadhar Number	678602294585				
Faculty code given by C.O.E. 7304015	Faculty code given by C.O.E.	7304015				
Faculty code given by A.I.C.T.E. 410908205	Faculty code given by A.I.C.T.E.	410908205				
Date of Birth 15-05-1986	Date of Birth	15-05-1986				
Age 38	Age	38				
	I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2007	AMRITA COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	69	FIRST CLASS	The state of the s
P.G.	M.E.	APPLIED ELECTRO NICS	2009	BANNARI AMMAN INSTITUT E OF TECHNOL OGY (MCA STAND ALONE)	ANNA UNIVERSI TY	83	DISTINCT ION	The second secon

^{*} 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) $\ensuremath{^*}$

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	11-06-2009	13-01-2024	14	7	3
Tot					7	6

V. Industrial Experience:

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

	VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year							
	AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation			
	(No. of	Member	(Practical)	(No. of scripts	(No. of scripts			
ĺ	days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)			

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



Signature of the Faculty: