Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)				
Name of the Department	MASTER OF COMPUTER APPLICATIONS				
Name of the Degree & Course	M.C.AMASTER OF COMPUTER APPLICATIONS				
Name of the faculty member	MR. ALBERT PAULIN MICHAEL R				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	854,MALAYAN STREET				
Line 2	TENKASI-627811				
District	TENKASI				
Telephone number	-				
Mobile number	+91 - 9994988336				
Email	MCAALBERT@GMAIL.COM				
Gender	MALE				
Community	BC				
PAN Number	BKZPA7242N				
Passport Number					
Aadhar Number	368931791448				
Faculty code given by C.O.E.	9507320				
Faculty code given by A.I.C.T.E.	10588834650				
Date of Birth	24-06-1980				
Age	44				
I. Particulars of Educational Qualification : (only completed)					

Category	my that the		Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - COMPUTE R SCIENCE	2001	OTHERS - BISHOP AMBROSE COLLEGE	BHARATH IYAR UNIVERSI TY	58	SECOND CLASS	refer at the state of the state
P.G.	M.C.A.	MASTER OF COMPUTE R APPLICAT IONS	2004	OTHERS - ARUL ANANDAR COLLEGE	MADURAI KAMARAJ UNIVERSI TY	71	FIRST CLASS	Materia Record References

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

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score : File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the Conege			Working Institutions	Years	Months	Days
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	29-01-2024	16-02-2024	0	0	19
FRANCIS XAVIER ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	05-08-2021	29-04-2023	1	8	25
OTHERS - COIMBATORE INSTITUTE OF MANAGEMENT AND TECHNOLOGY	ASSISTANT PROFESSOR	03-01-2013	30-05-2014	1	4	28
OTHERS - COIMBATORE INSTITUTE OF MANAGEMENT AND TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2015	31-05-2021	5	11	30
Total				9	2	13

V. Industrial Experience :	
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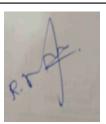
Name of the	Designation	Nature of	Joining Date	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date	Refleving Date	Years	Months	Days

VI. C.O.E. Appointment Experience :

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

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

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



Signature of the Faculty: