




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.A.-MASTER 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	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 - COMPUTER SCIENCE	2001	OTHERS - BISHOP AMBROSE COLLEGE	BHARATHIYAR UNIVERSITY	58	SECOND CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2004	OTHERS - ARUL ANANDAR COLLEGE	MADURAI KAMARAJ UNIVERSITY	71	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
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 :

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

VI. C.O.E. Appointment Experience :

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

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

Signature of the Faculty : 