

Name of the College	3118 - MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. VETRIVEL S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	288-1, MARIYAMMAN KOVIL STREET, CHINNA KOSAPALLAM
Line 2	CUDDALORE
District	CUDDALORE
Telephone number	-
Mobile number	+91 - 9487779911
Email	VETRISUBAM@TCE.EDU
Gender	MALE
Community	BC
PAN Number	AVDPV6469N
Passport Number	NA
Aadhar Number	267204269862
Faculty code given by C.O.E.	9231125
Faculty code given by A.I.C.T.E.	4772769265
Date of Birth	01-07-1993
Age	31
I. Particulars of Educational Qualification : (only completed)	


 PRINCIPAL
 MOHAMED SATHAK A.J.COLLEGE OF ENGINEERING
 34, Rajiv Gandhi Road (OMR), Siruseri, IT Park
 Chennai-603 103.

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	2014	SRIGURU INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2016	THIAGARAJAR COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	73	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
SRI BHARATHI ENGINEERING COLLEGE FOR WOMEN	ASSISTANT PROFESSOR	24-06-2016	05-06-2018	1	11	12
MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	19-07-2023	03-06-2024	0	10	16
CHERAN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	19-07-2018	01-04-2022	3	8	14
SBM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	06-04-2022	18-07-2023	1	3	13
Total				7	1	1

V. Industrial Experience :

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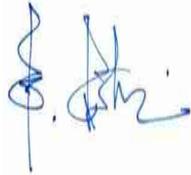
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Examination 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 :



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