

Name of the College	3118 - MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. KESAVAN A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	40/7 PUDHUPALAYAM STREET
Line 2	PILLAIYARPALAYAM, KANCHIPURAM - 631201
District	KANCHEEPURAM
Telephone number	-
Mobile number	+91 - 9940319627
Email	KESAVAN85@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	JSJAK3464Z
Passport Number	
Aadhar Number	876857443135
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	04-06-1985
Age	39
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.TECH.	INFORMATION TECHNOLOGY	2006	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	81	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - SCSVMV UNIVERSITY	OTHERS - SCSVMV UNIVERSITY	8.52	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
PALLAVAN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-06-2007	31-12-2012	5	6	27
MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	01-04-2024	03-06-2024	0	2	3
Total				5	8	4

V. Industrial Experience :

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



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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 :



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