

Name of the College	3118 - MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. SHUNMUGASUNDARAM M
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	2/75,CHINNAPATTI, KANCHARAMPETTAI POST
Line 2	MADURAI-625014
District	MADURAI
Telephone number	-
Mobile number	+91 - 9942287210
Email	SUNDARPRITHIV@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CRCPS4887A
Passport Number	
Aadhar Number	906542168679
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	13577827013
Date of Birth	25-05-1981
Age	43
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.E.	MECHANICAL ENGINEERING	2002	SETHU INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	65.5	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2009	JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	74.9	FIRST CLASS	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2017	OTHERS - ANNA UNIVERSITY	ANNA UNIVERSITY	YES		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

EFFECTIVE MACHINE PART ALGORITHMS FOR CELLULAR MANUFACTURING SYSTEM BY CONSIDERING OPERATIONAL SEQUENCE DATA

III. Faculty in which Ph.D. was awarded

FACULTY OF MECHANICAL ENGINEERING

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
MOHAMED SATHAK A J COLLEGE OF ENGINEERING (AUTONOMOUS)	PROFESSOR	23-02-2023	03-06-2024	1	3	9
VICKRAM COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	09-01-2009	17-06-2017	8	5	9
VICKRAM COLLEGE OF ENGINEERING	OTHERS - LECTURER	03-06-2002	31-08-2007	5	2	28
OTHERS - CMR TECHNICAL CAMPUS	PROFESSOR	01-07-2017	31-08-2022	5	1	31
Total				20	1	17

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)

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

M.L.J

Signature of the Faculty :