Name of the College	8114 - JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY
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. SURESH K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	WESTCAR STREET, THURAIYUR
Line 2	THURAIYUR, 621010
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9750756138
Email	ITSURESH08@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	FVUPS5605H
Passport Number	
Aadhar Number	827823648747
Faculty code given by C.O.E.	8114290
Faculty code given by A.I.C.T.E.	2500833191
Date of Birth	15-05-1982
Age	35
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
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2008	JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	71	FIRST CLASS	
U.G.	B.COM.	COMMERCE	2004	OTHERS - NEHRU MEMORIAL COLLEGE	BHARATHIDASAN UNIVERSITY	57.25	SECOND 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**
JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	15-10-2014	30-12-2017	3	2	16
			Total	3	2	16

V. Industrial Experience :	

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	**Months**	**Days**
SUN SILICON WORLD	SOFTWARE DEVELOPER	SOFTWARE DEVELOPER	03-09-2008	31-03-2011	2	6	28
				Total	2	6	0

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.

Signature of the Faculty :