




**DEPARTMENT OF MECHANICAL ENGINEERING
FACULTY PROFILE**

NAME		S. MOSES ALEXANDER				
DESIGNATION		ASSOCIATE PROFESSOR				
DEPARTMENT		MECHANICAL				
MAIL ID	Mosesdgl1999@gmail.com		CONTACT NO	9976203016		
EDUCATIONAL QUALIFICATION						
Category	Name of the degree	Specialization	Year of Passing	Name of the College	Name of the University	
UG	B.E.,	MECHANICAL	Nov'95	Karunya Institute of Technology	Bharatyar University	
PG	M.E.,	THERMAL	May'13	SCSVMV	SCSVMV University	
PROFESSIONAL EXPERIENCE						
Name of the College	Designation	Joining Date	Relieving Date	Experience		
				Years	Months	Days
TOTAL				12	19	45



DEPARTMENT OF MECHANICAL ENGINEERING

INDUSTRIAL EXPERIENCE						
Name of the Industry	Designation	Joining Date	Relieving Date	Experience		
				Years	Months	Days
TOTAL				3	11	-
Areas of Interest/ Specialization		Thermal Engineering				
Conference		4				
NO.OF WORKSHOP ATTENDED		7				
NO.OF EVENT ORGANIZED		1				
PROJECTS GUIDED						
❖ UG Level		4				