





**Anna University, Chennai**  
**Adhi College of Engineering and Technology - 4101**

**13. Faculty**

<b>Name of the College</b>	4101 - ADHI COLLEGE OF ENGINEERING AND TECHNOLOGY
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E. - MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	MR. RAJI A
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	2/267,BAJANAI KOIL ST
Line 2	NAMBAKKAM VILLAGE POST
<b>District</b>	TIRUVALLUR
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 7811918010
<b>Email</b>	RAJI.MECH@ADHI.EDU.IN
<b>Gender</b>	MALE
<b>Community</b>	SC
<b>PAN Number</b>	CDLPR6112C
<b>Passport Number</b>	
<b>Aadhar Number</b>	274688119126
<b>Faculty code given by C.O.E.</b>	4101146
<b>Faculty code given by A.I.C.T.E.</b>	13209792765
<b>Date of Birth</b>	28-08-1992
<b>Age</b>	26
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.E.	THERMAL ENGINEERING	2015	ANNA UNIVERSITY REGIONAL CAMPUS, TIRUNELVELI	ANNA UNIVERSITY	8.1	FIRST CLASS	
U.G.	B.E.	MECHANICAL ENGINEERING	2013	VEL TECH MULTITECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE	ANNA UNIVERSITY	71	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
ADHI COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	04-07-2016	30-12-2017	1	5	27
<b>Total</b>				<b>1</b>	<b>5</b>	<b>28</b>

**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**

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**

