






**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. VIGNESH S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	1-202 PALLIPATTAI
Line 2	A.PALLIPATTAI POST ,PAPPIREDDIPATTI TK
<b>District</b>	DHARMAPURI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8870517536
<b>Email</b>	VIGNESH.MECH@ADHI.EDU.IN
<b>Gender</b>	MALE
<b>Community</b>	SC
<b>PAN Number</b>	AQCPV0276D
<b>Passport Number</b>	K5070061
<b>Aadhar Number</b>	673740075985
<b>Faculty code given by C.O.E.</b>	4101130
<b>Faculty code given by A.I.C.T.E.</b>	13378396620
<b>Date of Birth</b>	06-06-1991
<b>Age</b>	27
<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.	CAD/CAM	2015	SHREENI VASA ENGINEERING COLLEGE	ANNA UNIVERSITY	6.9	FIRST CLASS	
U.G.	B.E.	MECHANICAL ENGINEERING	2012	PARK COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.02	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	08-08-2016	30-12-2017	1	4	23
<b>Total</b>				<b>1</b>	<b>4</b>	<b>24</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**

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 :**