






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

13. Faculty

Name of the College	4101 - ADHI COLLEGE OF ENGINEERING AND TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E. - MECHANICAL ENGINEERING
Name of the faculty member	MR. RAJI A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/267,BAJANAI KOIL ST
Line 2	NAMBAKKAM VILLAGE POST
District	TIRUVALLUR
Telephone number	-
Mobile number	
Email	RAJI.MECH@ADHI.EDU.IN
Gender	MALE
Community	SC
PAN Number	CDLPR6112C
Passport Number	
Aadhar Number	
Faculty code given by C.O.E.	4101146
Faculty code given by A.I.C.T.E.	13209792765
Date of Birth	28-08-1992
Age	26
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.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
Total				1	5	28

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 :

