




Name of the College	4101 - ADHI COLLEGE OF ENGINEERING AND TECHNOLOGY
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	M.E. - ENGINEERING DESIGN
Name of the faculty member	MR. PRASANTH L
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	BAJANNI KOVIL ST,PINNAVARAM VILLAGE
Line 2	SANTHAMANGALAM
District	KANCHEEPURAM
Telephone number	-
Mobile number	+91 - 7904317156
Email	PRASANTH.MECH@ADHI.EDU.IN
Gender	MALE
Community	SC
PAN Number	AERDT4568R
Passport Number	
Aadhar Number	980032622595
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	11-08-1991
Age	29
<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
U.G.	B.E.	MECHANICAL ENGINEERING	2016	ADHI COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.2	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2018	ADHI COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.8	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	02-01-2019	10-03-2020	1	2	9
<b>Total</b>				<b>1</b>	<b>2</b>	<b>10</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)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

A handwritten signature in blue ink, appearing to read "H. P. Jasrath". The signature is written in a cursive style with a large, looped initial "H".

