






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. PERIYARDHASAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	52, BRAMINAR, STREET, KAMBARAJAPURAM VILLAGE
Line 2	WALAJABAD , KANCHIPURAM-631605
District	KANCHEEPURAM
Telephone number	-
Mobile number	+91 - 9952676835
Email	PERIYARDASAN.MECH@ADHI.EDU.IN
Gender	MALE
Community	MBC
PAN Number	CLQPP2161N
Passport Number	R3750545
Aadhar Number	663341756544
Faculty code given by C.O.E.	4101052
Faculty code given by A.I.C.T.E.	12189434723
Date of Birth	19-10-1981
Age	37
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.	CAD/CAM	2012	THIRUVALLUVAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.8	FIRST CLASS	
U.G.	B.E.	MECHANICAL ENGINEERING	2005	ADHIPARASAKTHI ENGINEERING COLLEGE	ANNA UNIVERSITY	77	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	01-07-2013	30-12-2017	4	5	30
OTHERS - BHAKTAVATSALAM POLY	OTHERS - SE LECTURER	01-06-2012	30-06-2013	1	0	30
OTHERS - BHAKTAVATSALAM POLYTECHNIC	OTHERS - LECTURER	01-06-2005	30-08-2010	5	2	29
Total				10	9	1

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)
20	2	10	2500	

It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in blue ink, appearing to be 'R. K. Q.' or similar, written in a cursive style.

Signature of the Faculty :