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
lmage	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line I	BAJANNI KOVIL ST,PINNAVARAM VILLAGE
Line 2	SANTHAMANGALAM
District	KANCHEEPURAM
Telephone number	-
Mobile number	
Email	PRASANTH.MECH@ADHI.EDU.IN
Gender	MALE
Community	SC
PAN Number	AERDT4568R
Passport Number	
Aadhar Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	
Date of Birth	11-08-1991
Age	29
I. Particulars of Educational Qualification : (only completed)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2016	ADHI COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.2	FIRST CLASS	Marie
P.G.	M.E.	ENGINEE RING DESIGN	2018	ADHI COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.8	FIRST CLASS	ANNAMED TO THE PROPERTY OF T

^{*} 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	I	2	9
Total					2	10

V. Industrial Experience:

Name of the	Designation	Signation Nature of Joining Date	Relieving Date	Experience			
Organisation	Designation	Work	Johning Date	Refleving Date	Years	Months Day	ys

VI. C.O.E. Appointment Experience:

Capacity at which service is extended for the conduct of Exmination during the last year

AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical) (No. of	(No. of scripts	(No. of scripts
days)	(No. of days)	days)	Evaluated)	Evaluated)

It is certified that all the informa	ation provided are true to the best of my knowledge.
Signature of the Faculty :	h. Jasarth.
Signature of the raculty.	