



Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SARAVANA SUDAR GANESH M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/D4, PATHINATHA PURAM, OPP. TO SPINNING MILL
Line 2	THOOTHUKUDI - 628 008
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9095055102
Email	SARAVANA.MECH2009@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CKFPS1803J
Passport Number	
Aadhar Number	253901301892
Faculty code given by C.O.E.	9503369
Faculty code given by A.I.C.T.E.	19382823781
Date of Birth	18-09-1986
Age	38
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
U.G.	B.E.	MECHANICAL ENGINEERING	2009	INFANT JESUS COLLEGE OF ENGINEERING	ANNA UNIVERSITY	71	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2013	INFANT JESUS COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.97	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
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	21-12-2020	28-02-2024	3	2	7
INFANT JESUS COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-06-2014	20-12-2020	6	6	19
Total				9	8	0

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.

A handwritten signature in blue ink, appearing to read 'M. J. ...', is positioned in the upper left corner of a rectangular box.

Signature of the Faculty :