




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. MAHARAJA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	25/1-C, ANNA NAGAR, 12TH STREET, MANGALAPURAM
Line 2	TUTICORIN
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9487984490
Email	MECH.MAHARAJA@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BNHPM8006R
Passport Number	
Aadhar Number	510719473145
Faculty code given by C.O.E.	9511011
Faculty code given by A.I.C.T.E.	3404275179
Date of Birth	09-05-1985
Age	39
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	67	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2013	INFANT JESUS COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.1	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	14-03-2024	29-03-2024	0	0	16
INFANT JESUS COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-06-2014	13-03-2024	9	9	4
Total				9	9	24

V. Industrial Experience :

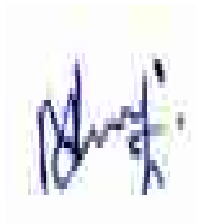
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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 be 'D. Singh', is centered within a rectangular box.

Signature of the Faculty :