




<b>Name of the College</b>	9503 - GRACE COLLEGE OF ENGINEERING
<b>Name of the Department</b>	PHYSICS
<b>Name of the Degree &amp; Course</b>	S&H-PHYSICS
<b>Name of the faculty member</b>	MR. SELVA PREMKUMAR S
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	28, MAIN ROAD, NADUVAIKURUCHI, SAWYERPURAM
Line 2	TUTICORIN, 628251
<b>District</b>	THOOTHUKUDI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9486593152
<b>Email</b>	PREMSYM14@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	EHPPS8375N
<b>Passport Number</b>	
<b>Aadhar Number</b>	733365656959
<b>Faculty code given by C.O.E.</b>	9503359
<b>Faculty code given by A.I.C.T.E.</b>	19382853994
<b>Date of Birth</b>	07-07-1987
<b>Age</b>	37
<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.SC.	OTHERS - PHYSICS	2009	OTHERS - POPES COLLEGE SAWYERPURAM	MANOMANIAM SUNDARNAR UNIVERSITY	68.16	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2011	OTHERS - POPES COLLEGE SAWYERPURAM	MANOMANIAM SUNDARNAR UNIVERSITY	69.68	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - PHYSICS	2015	OTHERS - POPES COLLEGE SAWYERPURAM	MANOMANIAM SUNDARNAR UNIVERSITY	69	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
OTHERS - POPES COLLEGE SAWYERPURAM	ASSISTANT PROFESSOR	20-06-2012	28-06-2013	1	0	9
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	06-08-2018	23-02-2024	5	6	18
<b>Total</b>				<b>6</b>	<b>6</b>	<b>0</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**

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.



**Signature of the Faculty :**