




<b>Name of the College</b>	9523 - PSN ENGINEERING COLLEGE
<b>Name of the Department</b>	ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
<b>Name of the faculty member</b>	MR. BALASUBRAMANIAN M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	14, NORTH ANAVARATHA VINAYAGAR KOVIL STREET
Line 2	TIRUNELVELI TOWN 627-006
<b>District</b>	TIRUNELVELI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9585600947
<b>Email</b>	BALASUBRAMANIANB6@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BVBPB6954M
<b>Passport Number</b>	
<b>Aadhar Number</b>	596504484884
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	9523248
<b>Date of Birth</b>	21-11-1987
<b>Age</b>	36
<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.E.	ELECTRIC AL AND ELECTRON ICS ENGINEERING	2012	MAHAKAVI BHARATHI YAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	66	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRON ICS (PART TIME)	2017	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	67	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 / <b>Current Date for Presently Working Institutions</b>	Experience		
				Years	Months	Days
PSN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	09-12-2019	05-03-2023	3	2	28
<b>Total</b>				3	2	29

**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 Examination 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 'M. B. Singh', is written on a light blue background. The signature is stylized and fluid.

**Signature of the Faculty :**