




Name of the College	9523 - PSN ENGINEERING COLLEGE
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	M.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. SUDERSINGH K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	KALLARAPILAI VEEDU
Line 2	THICKURICHY
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9344886617
Email	SUDERSINGH@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DMWPS9119D
Passport Number	PS9119D0
Aadhar Number	866135619869
Faculty code given by C.O.E.	9523035
Faculty code given by A.I.C.T.E.	1422711133
Date of Birth	04-06-1984
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.	OTHERS - MSC	OTHERS - IT AND ECOMMERCE	2007	OTHERS - VIVEKANANDA COLLEGE	MANOMANIAM SUNDARAM UNIVERSITY	72	FIRST CLASS	
P.G.	M.TECH.	OTHERS - CSE AND IT	2009	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARAM UNIVERSITY	75	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
PSN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-06-2009	10-02-2023	13	8	1
Total				13	8	5

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.

Signature of the Faculty :

A handwritten signature in black ink, appearing to be 'S. M. A.', is written over a light gray rectangular background.