

## **PERIYAR UNIVERSITY**

NAAC 'A++' Grade - State University - NIRF Rank 63 - ARIIA Rank 10 Salem-636011, Tamilnadu, India.

## **EXAMINER PROFILE**

Name of the Examiner & Qualification	Mr. N. SIRANJEEVI M.Sc.,M.Phil.,	Examiner Number & Valuation Board	4199 UG
Designation	Assistant Professor	Date of Birth	09-06-1990
Department	COMPUTER SCIENCE	Gender	Male
College Address	120 - AVS COLLEGE OF ARTS & SCIENCE, SALEM.	College Category	SF
Communication Address	4/238 KILAKKU KADU, THUKKIYAMPALAYAM (PO), VALAPPADY (TK) SALEM (DT) - 636115	Contact	7502333903 siranjeevinp@gma il.com



**Academic Qualifications (from UG degree onwards):** 

S.No	Degree	Branch	Month & Year of Passing	University	Class
1	B.Sc	COMPUTER SCIENCE	Apr-2011	PERIYAR UNIVERSITY	First
2	M.Sc	COMPUTER SCIENCE	Apr-2013	PERIYAR UNIVERSITY	First
3	M.Phil	COMPUTER SCIENCE	Jan-2016	PERIYAR UNIVERSITY	First

**UG Experience Details:** 

od Experience Details.					
	Designation & Department	College	From	11()	Experience (yy-mm-dd)
11	Asst.Prof/COMPUTER SCIENCE	AVS COLLEGE OF ARTS & SCIENCE, SALEM.	02-06-2014	22-09-2014	0-3-21
)	Asst.Prof/COMPUTER SCIENCE	AVS COLLEGE OF ARTS & SCIENCE, SALEM.	01-07-2015	29-10-2022	7-3-29
				Total	7-7-20

**PG Experience Details:** 

2.NO	Designation & Department	College	From	110	Experience (yy-mm-dd)
11	Asst.Prof/COMPUTER SCIENCE	AVS COLLEGE OF ARTS & SCIENCE, SALEM.	02-06-2014	22-09-2014	0-3-21
2	Asst.Prof/COMPUTER SCIENCE	AVS COLLEGE OF ARTS & SCIENCE, SALEM.	01-07-2015	29-10-2022	7-3-29
				Total	7-7-20

**Total Teaching Experience Details:** 

	Designation & Department	College	From	11()	Experience (yy-mm-dd)
1	Asst.Prof/COMPUTER SCIENCE	AVS COLLEGE OF ARTS & SCIENCE, SALEM.	02-06-2014	22-09-2014	0-3-21
2	Asst.Prof/COMPUTER SCIENCE	AVS COLLEGE OF ARTS & SCIENCE, SALEM.	01-07-2015	29-10-2022	7-3-29
				Total	7-7-20

Guide & Staff Approval Date (dd-mm-yyyy):

M.Phil	Ph.D	Staff
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## **Bank Details:**

Name of the Bank	Branch Name	IFSC	Account No.
INDIAN OVERSEAS BANK	CHINNAGOUNDAPURAM	IOBA0003502	350201000000178

## **Instructions to the Examiners:**

- All particulars requested in the proforma should be duly filled. No column should be left blank.
- This profile will be considered for the forthcoming examinations. Hence, those who have not submitted their profile will not be considered for any examination related work.
- Any change in the residential address or college addres or department change should be communicated to this office immediately through proper channel.

Attested photocopies of service certificate should be upload.

I hereby certify that to the best of my known	owledge the information furnished above is correct.	
Station: Date :	9	Signature of the Examiner
I hereby certify that the information furni	shed by the teacher is correct.	
Counter Signature: Head of the Department	Principal (with seal)	_