




Name of the College	1101 - AALIM MUHAMMED SALEGH COLLEGE OF ENGINEERING
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. NAVEEN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/613 A BHARATHI NAGAR PALACODE P.O
Line 2	DHARMAPURI - 636808
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 8508625916
Email	M.NAVEEN@AALIMEC.AC.IN
Gender	MALE
Community	MBC
PAN Number	GCMPM1510H
Passport Number	
Aadhar Number	730298662282
Faculty code given by C.O.E.	1101365
Faculty code given by A.I.C.T.E.	143859623601
Date of Birth	18-06-2000
Age	24
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 - B.LIT	OTHERS - TAMIL LITERATURE	2020	OTHERS - GOVERNMENT ARTS COLLEGE FOR MEN KRISHNAGIRI	PERIYAR UNIVERSITY	65	FIRST CLASS	
P.G.	OTHERS - M.A	OTHERS - TAMIL LITERATURE	2022	OTHERS - UNIVERSITY OF MADRAS	UNIVERSITY OF MADRAS	71	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
AALIM MUHAMMED SALEGH COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	11-01-2024	03-02-2024	0	0	24
Total				0	0	24

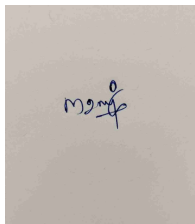
V. Industrial Experience :

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 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 rectangular area containing a handwritten signature in blue ink. The signature is somewhat stylized and appears to be 'M. J. P.' or similar.

Signature of the Faculty :