Anna University, Chennai
Bethlahem Institute of Engineering - 9603

13. Faculty

Name of the College	9603 - BETHLAHEM INSTITUTE OF ENGINEERING
Faculty ID	286733
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MR. SARAVANAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	SHALOM, MANGANTUVILAI,MANGALAKUNTU P.O
Line 2	MANGALAKUNTU, 629 178
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 8489261474
Email	SAMSARAVANAN.1@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CLYPM9271N
Passport Number	
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	1-435438601
Date of Birth	10-05-1982
Age	42
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
P.G.	OTHERS - M.A	OTHERS - ENGLISH	2007	OTHERS - SCOTTCHRISTIANCOLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	71	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - ENGLISH	2008	OTHERS - SCOTTCHRISTIANCOLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	74.19	FIRST CLASS	
U.G.	B.A.	ENGLISH	2005	OTHERS - SCOTTCHRISTIANCOLLEGE	MANOMANIAM SUNDARNAR UNIVERSITY	68.53	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional QualificationNO 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
BETHLAHEM INSTITUTE OF ENGINEERING	ASSISTANT PROFESSOR	01-08-2008	27-11-2024	16	3	27
			Total	16	3	28

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

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)
12		5	600	

It is certified that all the information provided are true to the best of my knowledge.
Signature of the Faculty :