

FACULTY PROFILE

1. Name : Dr.M. Govindarajan
2. Designation : Associate Professor
3. Qualification : M.C.A.,M.Phil., Ph.D.
4. Department : General Engineering
5. DOB & Age as on 28.02.22 : 16.02.1981 & 41
6. Gender : Male
7. Address : No.17, Thaskent St, Kanji Kovil Road, Perundurai
8. Phone –Mobile : 9965396661
9. E-mail ID : govind.mothilal@gmail.com
10. Marital Status : Single
11. Languages Known : Tamil, English
12. Particulars of Educational Qualification :



Name of the Degree	Specialization	Name of the College	Name of the University	Month & Year of Passing	% of Marks / Grade obtained	Class obtained
Ph.D	Machine Learning	Velalar College Eng & Tech	Anna University	June 2022	-	-
M.Phil	Computer Science	Kongu Arts and Science College, Erode	Bharathiar Iniversity	July 2008	70%	I
M.C.A	Computer Applications	Kongu Arts and Science College, Erode	Bharathiar Iniversity	April 2004	82%	I
B.Sc	Computer Science	Kongu Arts and Science College, Erode	Bharathiar Iniversity	April 2001	68%	I

13. Additional Qualification :
 - i. GATE Score (In case of B.E. / B.Tech.) :
 - ii. NET / SLET (In case of M.C.A. / M.Sc. / M.A.):
14. Title of Ph.D. Thesis : -

15. Faculty in which Ph.D. was awarded/doing : -

16. Area of Specialization :

17. Academic Experience as on 28.02.2022 :

Name of the College	Designation	Joining Date	Relieving Date	Experience		
				Years	Months	Days
Total						

Add rows for additional information

18. Industrial Experience:

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
Total							

19. Research Experience : _____ years

20. Number of projects:

i) Completed

Sl. No.	Title of the project	Funding Agency	Amount	Year (From-To)

27. Refresher / Orientation course / FDP, etc., attended

Sl. No	Period		Topic / Title	Organized by	Expenses met by VCET / Own / Organizer
	From	To			

28. Seminars / Conferences / Symposia / STTP / SDP / Workshops organized

S. No	Date	Event	Status as organizer	Topic / Title	Name of the funding agency	Grant (Rs.)	Status (Applied/ Granted/In Progress / Completed) If completed the date of submission of UC with reference

29. Referee ship / Editorship of Journals, Conferences/Seminars chaired etc.:

Sl. No.	Name of the Journals and Conferences/ seminar	Organized by	Date / Period

30. Chairman/Member of Authority/Committee etc:

Sl. No.	Chairman/Member/Secretary	Committee/Authority	Year (From-To)

31. Membership to professional Organization/Associations:

Sl. No.	Name of the Association/Organizations	Life member/Ordinary member
1		

32. Travelled Abroad for training or Studies (if 'yes' fill the following details)

Country visited	Period of Visit		Purpose of Visit
	From	To	

33. Consultancy Information's, if any

34. Details of the Patents, if any

Copy Right

Sl. No.	Dairy Number	Title	status

35. Contribution for the Development of the Institution/ Department

A	To The Institution	Exam Cell Coordinator
B	To the Department	