

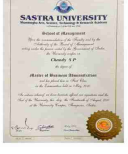


Name of the College	9503 - GRACE COLLEGE OF ENGINEERING
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. CHANDY S P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/45, NORTH STREET, MUTHIAHPURAM
Line 2	TUTICORIN, 628005
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9442507777
Email	CHANDY.SP07@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	AMAPC5722B
Passport Number	
Aadhar Number	335021726060
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	08-11-1986
Age	37
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.	B.E.	MECHANICAL ENGINEERING	2008	SRI MUTHUKUMARAN INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2010	OTHERS - SASTRA UNIVERSITY	OTHERS - SASTRA UNIVERSITY	79	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
GRACE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-07-2022	07-07-2022	0	0	7
Total				0	0	7

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
CHANDY ENGINEERING PRIVATE LIMITED	DIRECTOR	DIRECTOR	03-08-2015	31-03-2021	5	7	29
Total					5	7	1

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

Signature of the Faculty :

