






Anna University, Chennai
Jayaram College of Engineering and Technology - 8114

13. Faculty

Name of the College	8114 - JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY
Name of the Department	MASTER OF COMPUTER APPLICATIONS
Name of the Degree & Course	M.C.A. - MASTER OF COMPUTER APPLICATIONS
Name of the faculty member	MR. ROCHE ADAIKKALARAJU A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	16, SENTHIL ILLAM, NEAR OLD HOUSING UNIT, KUTTAKARAI
Line 2	THURAIYUR, 621 010
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9750962233
Email	ROCHE.RAJU@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AIHPA1970E
Passport Number	
Aadhar Number	957736361736
Faculty code given by C.O.E.	8114098
Faculty code given by A.I.C.T.E.	478838391
Date of Birth	25-08-1965
Age	53
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.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2007	OTHERS - VINAYAKA MISSION UNIVERSITY SALEM	OTHERS - VINAYAKA MISSION UNIVERSITY SALEM	72	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	1989	OTHERS - NATIONAL COLLEGE	BHARATH IDASAN UNIVERSITY	67	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
JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	11-06-2001	31-07-2008	7	1	20
JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-09-2010	30-12-2017	7	3	29
JAYARAM COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - SENIOR LECTURER	01-08-2008	31-08-2010	2	0	31
Total				16	6	21

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) 1	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 :