



**PONDICHERRY UNIVERSITY
PUDUCHERRY 605 014**



INDIVIDUAL FACULTY DATA SHEET

Faculty I.D No.		
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[I.D.No. Will be provided by the Dean (CDC)]

1.	Name of the College	REGENCY INSTITUTE OF TECHNOLOGY	
2.	Name of the faculty member with present designation	B.SUDEEP KUMAR ASSISTANT PROFESSOR	
3.	Present Scale / Pay band	8000-275-13500	
4.	Department	ELECTRONICS AND COMMUNICATION ENGINEERING	
5.	Residential Address	SALIKOTA STREET, YANAM-533464 UT OF PUDUCHERRY.	
6.	Contact Nos.	Landline:	Mobile: 9032623067
		Email :	
7.	Gender	Male	
8.	Age & Date of Birth	27 & 24-03-1985	
9.	a. Religion b. Category: SC / ST / MBC / OBC /Differently Abled/ Others	Hindu & OBC	
10.	PAN Card No.		
11.	Bank Account No.*	Name of the Bank	Branch

** at the time of inspection the faculty has to produce Bank pass book with recent entries*

Signature of the Principal
(with seal)

Signature of the Faculty

For office use only

Eligible to hold the post of: Asst. Professor/ Associate Professor/Professor

Verifying Expert

Chairman
Inspection Committee

Dean (College Development Council)
Pondicherry University

Date:

Place:

I. a) Educational Qualification *: (10th Standard onwards)

Examination	Board	Month & Year of Passing	Marks obtained	Overall percentage	Class Division

b) Educational Qualification*: (UG Degree onwards)

Sl. No.	Degree	Subject of specialization	University Institute	Percentage /Class/Grade	Year of passing
1	UG	ELECTRONICS AND COMMUNICATION ENGINEERING	PONDICHERRY UNIVERSITY	6.7	2007
2	PG (M.Tech)	COMPUTER & COMMUNICATION SYSTEMS	JNTUK	75	2012
3	Ph.D				

c) Other Qualification* :

- i. GATE Score (In case of B.E./B.Tech.) :
- ii. NET / SLET (In case of M.C.A. /M.Sc. /M.A.):

Details

- a) Name of the Exam & Examining body
- b) Subject:
- c) Reg. No. :
- d) Year of Passing:

II. Academic Experience as on date*:

Sl. No.	Name of the College / Institution	Year of Experience						Any other designation please specify
		As Assistant Prof		As Associate Professor		As Professor		
		From	To	From	To	From	To	

Classes Handled	
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III. Industrial Experience *:

Sl. No	Name of the Organization	Designation	Nature of Work	Period		Total No. of years
				From	To	

* Enclose copies of certificates and testimonials as proof

IV. Research Publications (if any) :

a) Journals: 03 i) National :03 ii) International ____

(Enclose Reprints and list of Publications & citation index for each)

b) Books :

(Enclose first three pages of the book)

V. Seminars / Workshops / Conferences Attended:

a) As resource person i) National ____ ii) International ____

b) As participant : i) National ii) International ____

(Enclose list giving details of the Seminars / Workshops / conferences)

VI. Patents / Awards (if any) :

(Enclose copy of the Certificates)

VII. Other Relevant Information:

Declaration:

I, B.SUDEEP KUMAR Declare that all the information given Above is true to the best of my knowledge and I am not working in any other college / institution.

Signature of the Faculty

Signature of the Principal/Head of the Institution

(Endorsement by the Principal college / Head of the institution or authorized signatory of the Management with seal)

Date:

Place: