






**Anna University, Chennai**  
**St Joseph's College of Engineering (Autonomous) - 3123**

**13. Faculty**

<b>Name of the College</b>	3123 - ST JOSEPH'S COLLEGE OF ENGINEERING (AUTONOMOUS)
<b>Name of the Department</b>	CHEMICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.TECH.-CHEMICAL ENGINEERING
<b>Name of the faculty member</b>	MR. SAI SUDARSHAN B
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO158 A, 1ST MAIN ROAD LAKSHMI NAGAR
Line 2	PORUR, CHENNAI -600116
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8838800409
<b>Email</b>	SAISUDARSHANB@STJOSEPHS.AC.IN
<b>Gender</b>	MALE
<b>Community</b>	OC
<b>PAN Number</b>	LDZPS8037A
<b>Passport Number</b>	
<b>Aadhar Number</b>	678914047067
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	AU1
<b>Date of Birth</b>	08-11-1999
<b>Age</b>	25
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.TECH.	CHEMICAL ENGINEERING	2023	OTHERS - SRM UNIVERSITY	OTHERS - SRM UNIVERSITY	Y	FIRST CLASS	
U.G.	B.TECH.	CHEMICAL ENGINEERING	2021	OTHERS - DRMGR UNIVERSITY	OTHERS - DRMGR UNIVERSITY	Y	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
ST JOSEPH'S COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	03-07-2023	17-02-2024	0	7	15
<b>Total</b>				0	7	17

**V. Industrial Experience :**

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

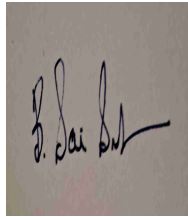
**VI. C.O.E. Appointment Experience :**

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) 100	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 :**

A handwritten signature in black ink on a light-colored background. The signature appears to be "J. Sai S." with a stylized flourish at the end.