






Anna University, Chennai
R M K Engineering College - 1117

13. Faculty

Name of the College	1117 - R M K ENGINEERING COLLEGE
Name of the Department	ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the Degree & Course	B.E. - ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the faculty member	MR. VIJAY ANAND K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	342,37TH STREET, TVS AVENUE,ANNA NAGAR WEST EXTN
Line 2	CHENNAI 600101
District	CHENNAI
Telephone number	-
Mobile number	
Email	KVA.EIE@RMKEC.AC.IN
Gender	MALE
Community	BC
PAN Number	
Passport Number	
Aadhar Number	
Faculty code given by C.O.E.	1117067
Faculty code given by A.I.C.T.E.	1473904725
Date of Birth	29-01-1980
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
P.G.	OTHERS - M.S	OTHERS - COMMUNICATION AND SIGNAL PROCESSING	2003	OTHERS - UNIVERSITY OF NEWCASTLE UPON TYNE UK	OTHERS - UNIVERSITY OF NEWCASTLE UPON TYNE UK	57	SECOND CLASS	
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2002	R M K ENGINEERING COLLEGE	UNIVERSITY OF MADRAS	64	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
R M K ENGINEERING COLLEGE	OTHERS - LECTURER	25-06-2004	30-07-2009	5	1	5
R M K ENGINEERING COLLEGE	ASSOCIATE PROFESSOR	01-08-2014	30-09-2018	4	1	29
R M K ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-08-2009	30-07-2014	4	11	30
Total				14	3	5

V. Industrial Experience :

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

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



Signature of the Faculty :