Name of the Department CHEMICAL ENGINEERING Name of the Degree & Course M.TECHCHEMICAL ENGINEERING Name of the faculty member DR. AKILAMUDHAN P Regular Image Present Designation PROFESSOR Residential Address Line 1 Line 2 ERODE-638316 District ERODE Telephone number - Mobile number +91 - 9944816559 Email AKILAMUDHAN@GMAIL.COM Gender MALE Community BC PAN Number AFZPA0532M Passport Number Addhar Number Faculty code given by C.O.E. Faculty code given by A.I.C.T.E. Date of Birth ORA KILAMUDHAN@GMAIL.C.T.E. M.TECHCHEMICAL ENGINEERING M.TECHCHEMICAL ENGI						
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Date of Birth 05-06-1976	Faculty code given by C.O.E.	7304009				
	Faculty code given by A.I.C.T.E.	410924745				
Age 47	Date of Birth 05-06-1976					
	Age 47					
I. Particulars of Educational Qualification : (only completed)						

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	В.ТЕСН.	CHEMICA L ENGINEE RING	1998	KONGU ENGINEE RING COLLEGE (AUTONO MOUS)	BHARATH IYAR UNIVERSI TY	59.5	SECOND CLASS	Control of the Contro
P.G.	М.ТЕСН.	CHEMICA L ENGINEE RING	2000	COIMBAT ORE INSTITUT E OF TECHNOL OGY (AUTONO MOUS)	BHARATH IYAR UNIVERSI TY	68.5	FIRST CLASS	order dender dye. Sold of the control of the contr
PH.D.	PH.D.	CHEMICA L ENGINEE RING	2012	KONGU ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	Y		Anni Hilberton

^{*} Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score : File :

III. Faculty in which Ph.D. was awarded FACULTY OF TECHNOLOGY

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		
Name of the Conege	Designation			Years	Months	Days
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	12-02-2001	30-04-2012	11	2	17
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	PROFESSOR	01-05-2012	02-03-2023	10	10	2
	Total					

V. Industrial Experience:

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

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Exmination during the last year

AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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



Signature of the Faculty: