



Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	CHEMICAL ENGINEERING
Name of the Degree & Course	B.TECH.-CHEMICAL ENGINEERING
Name of the faculty member	MR. PRABHAKARAN K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/242 VAIGHAI KALANI, NEAR POST OFFICE
Line 2	VIRAGANUR,625009
District	MADURAI
Telephone number	-
Mobile number	+91 - 9790273227
Email	PRABHAKARANCHEMICAL@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	EAJPK8109K
Passport Number	
Aadhar Number	850196593282
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	19-01-1991
Age	32
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
U.G.	B.TECH.	CHEMICAL ENGINEERING	2012	VEL TECH HIGH TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	81	FIRST CLASS	
P.G.	M.TECH.	OTHERS - PETROLEUM REFINERY AND PETROCHEMICAL	2014	ALPHA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	80	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
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-06-2022	03-06-2022	0	0	3
Total				0	0	3

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 Examination 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)	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.

A handwritten signature in blue ink, appearing to be 'Dij', is centered within a rectangular box.

Signature of the Faculty :