




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	CHEMICAL ENGINEERING
Name of the Degree & Course	M.TECH.-CHEMICAL ENGINEERING
Name of the faculty member	MR. SANTHOSH V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	49, CHERAN STREET
Line 2	CHENNIMALAI, 638051
District	ERODE
Telephone number	-
Mobile number	+91 - 9003656710
Email	VSANTHOSHCHEMICAL@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	EPEPS0090K
Passport Number	
Aadhar Number	245883220246
Faculty code given by C.O.E.	7128172
Faculty code given by A.I.C.T.E.	4141865476
Date of Birth	06-07-1988
Age	35
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	2009	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	79	FIRST CLASS	
P.G.	M.TECH.	OTHERS - PETROLEUM REFINING AND PETROCHEMICALS	2011	ALAGAPPA COLLEGE OF TECHNOLOGY	ANNA UNIVERSITY	80.6	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	13-06-2018	02-03-2023	4	8	20
R V S COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	12-06-2014	21-05-2018	3	11	10
SRI RAMANATHAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	09-07-2012	06-06-2014	1	10	29
Total				10	6	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 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)	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 :