



Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	BIO-MEDICAL
Name of the Degree & Course	B.E.-BIOMEDICAL ENGINEERING
Name of the faculty member	MR. BALASUBRAMANIAN K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/11 ESWARAN COLONY,
Line 2	AMATHUR
District	VIRUDHUNAGAR
Telephone number	-
Mobile number	+91 - 8838004479
Email	MAILTOBALASUBRAMANIAN@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	BHPPB6364R
Passport Number	
Aadhar Number	393068669274
Faculty code given by C.O.E.	7304
Faculty code given by A.I.C.T.E.	7459881475
Date of Birth	18-09-1982
Age	42
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.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2004	KAMARAJ COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	68.7	FIRST CLASS	
P.G.	M.E.	BIOMEDICAL ENGINEERING	2010	COLLEGE OF ENGINEERING GUINDY	ANNA UNIVERSITY	7.06	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
RENGANAYAGI VARATHARAJ COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-06-2011	22-09-2018	7	3	18
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	02-01-2019	30-01-2024	5	0	29
Total				12	4	18

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)
	2	8	6	

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

A handwritten signature in blue ink, consisting of stylized letters and a long horizontal stroke extending to the right.

Signature of the Faculty :