



<b>Name of the College</b>	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
<b>Name of the Department</b>	BIO-MEDICAL
<b>Name of the Degree &amp; Course</b>	B.E.-BIOMEDICAL ENGINEERING
<b>Name of the faculty member</b>	MRS. LEKA KK
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	307, VELAYEEVALASU, SINGANALLUR POST, KAVINDAPADI
Line 2	ERODE
<b>District</b>	ERODE
<b>Telephone number</b>	- 94364825
<b>Mobile number</b>	+91 - 6379346764
<b>Email</b>	LEKAKUMARAN@GMAIL.COM
<b>Gender</b>	FEMALE
<b>Community</b>	MBC
<b>PAN Number</b>	AJLPL4078R
<b>Passport Number</b>	
<b>Aadhar Number</b>	404293940706
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	9410628468
<b>Date of Birth</b>	20-06-1991
<b>Age</b>	33
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	BIOMEDICAL ENGINEERING	2012	JERUSALEM COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	63	SECOND CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2014	EXCEL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	76	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	01-06-2020	30-01-2024	3	7	29
<b>Total</b>				<b>3</b>	<b>7</b>	<b>2</b>

**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.

A handwritten signature in black ink, appearing to be 'K. S.' followed by a stylized name, possibly 'K. S. [unclear]'. The signature is written on a light-colored rectangular background.

**Signature of the Faculty :**