




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. BALAJI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/603-B KALIAMMAN PUDHUR, CENDRAYANPALAYAM PO, SESCHANCHAVADY VIA
Line 2	VALAPADY TK, 636111
District	SALEM
Telephone number	-
Mobile number	+91 - 9786999668
Email	BALAJI0694@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BGJPB2045L
Passport Number	
Aadhar Number	688763539991
Faculty code given by C.O.E.	7141183
Faculty code given by A.I.C.T.E.	4147345785
Date of Birth	06-02-1994
Age	30
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.	CIVIL ENGINEERING	2015	MAHARAJA PRITHVI ENGINEERING COLLEGE	ANNA UNIVERSITY	8.0	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2017	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.8	DISTINCTION	

* 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	25-01-2024	5	7	13
SRIGURU INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	05-06-2017	27-12-2017	0	6	23
Total				6	2	7

V. Industrial Experience :

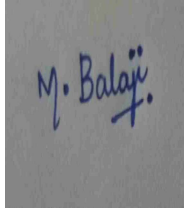
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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 rectangular box containing a handwritten signature in blue ink that reads "M. Balaji".

Signature of the Faculty :