




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. PARTHIBAN N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	48A, ARUNAGIRI STREET, AMMAPET
Line 2	SALEM-636003
District	SALEM
Telephone number	-
Mobile number	+91 - 9843407920
Email	PARTHIBANSLM@HOTMAIL.COM
Gender	MALE
Community	BC
PAN Number	ASOPP3626M
Passport Number	
Aadhar Number	683361169735
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7500182889
Date of Birth	08-06-1982
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	2011	GOVERNMENT COLLEGE OF ENGINEERING SALEM (AUTONOMOUS)	ANNA UNIVERSITY	63	SECOND CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2015	SALEM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.01	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	11-03-2020	30-01-2024	3	10	20
Total				3	10	25

V. Industrial Experience :

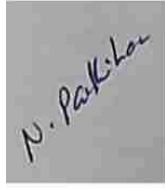
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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)
-------------------	----------------------------	---	---	--

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

A rectangular box containing a handwritten signature in black ink. The signature is written diagonally and reads "N. Parki-Lee".

Signature of the Faculty :