




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. KIRUPAKARAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	78,PERIYAR NAGAR,P.R.S.ROAD
Line 2	CHENNIMALAI,638051
District	ERODE
Telephone number	-
Mobile number	+91 - 9894804848
Email	S.CHENKIRUPA@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DMQPK0800P
Passport Number	
Aadhar Number	870687855326
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43379833147
Date of Birth	28-03-1985
Age	39
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2009	M P NACHIMUTHU M JAGANATHAN ENGINEERING COLLEGE	ANNA UNIVERSITY	62	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2012	SRI LAKSHMI AMMAL ENGINEERING COLLEGE	ANNA UNIVERSITY	69	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
SRI LAKSHMI AMMAL ENGINEERING COLLEGE	ASSISTANT PROFESSOR	10-12-2012	09-08-2015	2	7	31
OTHERS - BHARATH UNIVERSITY	ASSISTANT PROFESSOR	10-08-2015	30-06-2016	0	10	22
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-06-2022	13-01-2024	1	7	13
Total				5	2	8

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.

Signature of the Faculty :

