




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. NAVANEETHAKRISHNAN C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	127,KALATHUKADU, NAMAKKALPALAYAM ROAD
Line 2	CHENNIMALAI-638051
District	ERODE
Telephone number	-
Mobile number	+91 - 9894874393
Email	NAVANEETHANCHML@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AGGPN7096M
Passport Number	
Aadhar Number	518616868638
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7485276455
Date of Birth	12-04-1987
Age	37
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	2008	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2012	MUTHAYAMMAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.88	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
M P NACHIMUTHU M JAGANATHAN ENGINEERING COLLEGE	OTHERS - LECTURER	03-07-2008	22-06-2010	1	11	20
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	03-02-2020	13-01-2024	3	11	11
Total				5	11	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.

Signature of the Faculty :

