




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. SENTHIL KUMAR R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	60, NATHAKATTU PALAYAM, PUNGAMPADI
Line 2	ERODE. 638112
District	ERODE
Telephone number	-
Mobile number	+91 - 9500664429
Email	SENTHIL654@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DPVPS5027A
Passport Number	
Aadhar Number	369944626177
Faculty code given by C.O.E.	7304153
Faculty code given by A.I.C.T.E.	2187453101
Date of Birth	20-06-1990
Age	34
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	2011	NANDHA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	73.9	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2013	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	76.8	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	03-06-2013	13-01-2024	10	7	11
Total				10	7	14

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 read "R. J. Smith". The signature is written in a cursive style with a large initial "R" and "S".

Signature of the Faculty :