



<b>Name of the College</b>	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
<b>Name of the Department</b>	MECHANICAL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.E.-MECHANICAL ENGINEERING
<b>Name of the faculty member</b>	MR. KARTHICK A
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	65,SINIVASA COLONY,MUTHUSA STREET
Line 2	PALLAVARAAM 600043
<b>District</b>	CHENNAI
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9965996903
<b>Email</b>	KARTHICK.MECHXP@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BVOPK6631H
<b>Passport Number</b>	L6481423
<b>Aadhar Number</b>	933246145315
<b>Faculty code given by C.O.E.</b>	7304
<b>Faculty code given by A.I.C.T.E.</b>	19464262808
<b>Date of Birth</b>	04-10-1987
<b>Age</b>	37
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	MECHANICAL ENGINEERING	2010	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2015	KARPAGAM COLLEGE OF ENGINEERING (AUTONOMOUS)	OTHERS - KARPAGAM UNIVERSITY	6.64	SECOND 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	03-01-2022	12-01-2024	2	0	10
SRI SUBRAMANYA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-07-2012	05-07-2014	2	0	4
<b>Total</b>				<b>4</b>	<b>0</b>	<b>14</b>

**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**

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**