



Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. MANOJ KUMAR P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	8 / 79 - 2 KALLUKADAI THOTTAM , MGC PALAYAM POST
Line 2	COIMBATORE - 641 107
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 7708871609
Email	MANOJKUMARPONNUSAMY@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CUNPM7342E
Passport Number	
Aadhar Number	604292090888
Faculty code given by C.O.E.	7153146
Faculty code given by A.I.C.T.E.	7434554708
Date of Birth	14-08-1996
Age	28
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.	MECHANICAL ENGINEERING	2017	SNS COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	THERMAL ENGINEERING	2019	SNS COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	89	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
ASIAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	20-05-2022	02-01-2024	1	7	14
ASIAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	10-12-2019	13-05-2021	1	5	4
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	03-01-2024	01-02-2024	0	0	30
Total				3	1	19

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 :

