




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.TECH.-AGRICULTURAL ENGINEERING
Name of the faculty member	MR. MADHANRAJ V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	KARUMANDICHELLIPALAYAM
Line 2	PERUNTHURAI 638052
District	ERODE
Telephone number	-
Mobile number	+91 - 7200604350
Email	MADHAN125@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CNSPM3802R
Passport Number	
Aadhar Number	627087149054
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	17412025923
Date of Birth	28-02-1991
Age	33
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	2012	M P NACHIMU THU M JAGANATHAN ENGINEERING COLLEGE	ANNA UNIVERSITY	7.29	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2014	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.92	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	03-04-2023	25-01-2024	0	9	23
Total				0	9	27

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 blue ink on a light green background. The signature is cursive and appears to be 'V. Hill' followed by a flourish.

Signature of the Faculty :