Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)				
Name of the Department	CIVIL ENGINEERING				
Name of the Degree & Course	B.TECHAGRICULTURAL ENGINEERING				
Name of the faculty member	MRS. BHARATHI K				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	1 VADUVAN KATTU THOTAM, PERIYUR,				
Line 2	KOLLANALLI, 638154				
District	ERODE				
Telephone number	-				
Mobile number	+91 - 9578741089				
Email	BHARUAGRI@GMAIL.COM				
Gender	FEMALE				
Community	BC				
PAN Number	BUMPB7037F				
Passport Number					
Aadhar Number	625777079566				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	43614481567				
Date of Birth	23-07-1993				
Age	31				
I. Particulars of Educational Qualification : (only completed	<u></u>				

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - AGRICULT URE	2014	OTHERS - COLLEGE OF AGRICULT URE AND TECHNOL OGY	TAMIL NADU AGRICULT URAL UNIVERSI TY	8.56	DISTINCT ION	The three department of the control
P.G.	M.SC.	OTHERS - AGRICULT URE	2016	OTHERS - AGRICULT URAL COLLEGE AND RESEARC H INSTITUT E	TAMIL NADU AGRICULT URAL UNIVERSI TY	8.98	DISTINCT ION	THE ROLL SHEET THE VICTORIES THE CONTROL SHEET THE VICTORIES AND

 $^{\ ^*}$ 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	31-07-2023	25-01-2024	0	5	26
OTHERS - JSA COLLEGE OF AGRICULTURE AND TECHNOLOGY	ASSISTANT PROFESSOR	15-09-2016	30-05-2021	4	8	15
Total					2	12

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 External Examiner Central Evaluation** Squad **Re-Evaluation** Member (Practical) (No. of scripts (No. of scripts (No. of (No. of days) Evaluated) **Evaluated**) (No. of days) days)

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty: