




<b>Name of the College</b>	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
<b>Name of the Department</b>	CIVIL ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.TECH.-AGRICULTURAL ENGINEERING
<b>Name of the faculty member</b>	MR. HARISH KUMAR R K M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	37 A, RAJA STREET, R.K.PUDUR, PASUR POST, ERODE
Line 2	ERODE-638154
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9715319604
<b>Email</b>	HARISHKUMARERODE@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	ALCPH6350F
<b>Passport Number</b>	
<b>Aadhar Number</b>	939861367178
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	10611599421
<b>Date of Birth</b>	03-10-1995
<b>Age</b>	29
<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.SC.	OTHERS - AGRICULTURE	2017	ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	80	FIRST CLASS	
P.G.	M.SC.	OTHERS - PLANT BIOTECHNOLOGY	2018	OTHERS - BANARAS HINDU UNIVERSITY	OTHERS - BANARAS HINDU UNIVERSITY	77.6	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	01-04-2021	25-01-2024	2	9	25
<b>Total</b>				<b>2</b>	<b>9</b>	<b>29</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**

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 :**

A handwritten signature in blue ink, appearing to read "R.K.M. Hoff", is displayed within a rectangular box.