
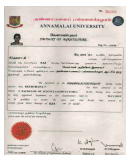



Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.TECH.-AGRICULTURAL ENGINEERING
Name of the faculty member	MS. KEERTHANA T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	50/48, N.THAIRPALAYAM, GANGAPURAM PO, CHITTODE VIA
Line 2	ERODE 638 102
District	ERODE
Telephone number	-
Mobile number	+91 - 8667082030
Email	KEERTHANAGUHAN@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DPTPK1457N
Passport Number	
Aadhar Number	467844330386
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	44077881720
Date of Birth	15-12-1996
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.SC.	OTHERS - AGRICULTURE	2018	ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	86.4	FIRST CLASS	
P.G.	M.SC.	OTHERS - AGRICULTURAL EXTENSION	2022	ANNAMAL AI UNIVERSITY	ANNAMAL AI UNIVERSITY	93.8	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	02-01-2024	25-01-2024	0	0	24
Total				0	0	24

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

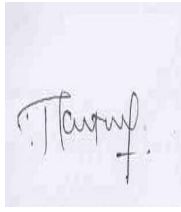
VI. C.O.E. Appointment Experience :

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 black ink, appearing to be 'T. K. Singh', is centered within a rectangular box. The signature is written in a cursive style with a vertical line extending downwards from the end.