




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
Name of the faculty member	MR. PALANISAMY K C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4 / 1166 VAIPADI ROAD , VIJAYAMANGALAM BUS STOP
Line 2	PERUNDURAI - 638056.
District	ERODE
Telephone number	-
Mobile number	+91 - 9994311345
Email	KCPSAMY81@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	APEPP3153L
Passport Number	
Aadhar Number	808147711848
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	13556285883
Date of Birth	16-04-1981
Age	42
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.	OTHERS - INFORMATION TECHNOLOGY	2002	SONA COLLEGE OF TECHNOLOGY (AUTONOMOUS)	PERIYAR UNIVERSITY	70.83	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2004	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	70.14	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
TAMILNADU COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	19-06-2004	05-08-2016	12	1	17
ASIAN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-02-2023	09-03-2023	0	1	9
Total				12	2	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)
----------------------------------	---	--	--	---

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

Signature of the Faculty :

