




<b>Name of the College</b>	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
<b>Name of the Department</b>	COMPUTER SCIENCE AND ENGINEERING
<b>Name of the Degree &amp; Course</b>	B.TECH.-ARTIFICIAL INTELLIGENCE AND DATA SCIENCE
<b>Name of the faculty member</b>	MR. THIYAGARAJAN P
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	31A, ODAKKADU, NARAYANA NAGAR, KOMARAPALAYAM
Line 2	NAMAKKAL
<b>District</b>	NAMAKKAL
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 8754703191
<b>Email</b>	THIYAGUX91@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BJHPT5849K
<b>Passport Number</b>	
<b>Aadhar Number</b>	274194282624
<b>Faculty code given by C.O.E.</b>	7304
<b>Faculty code given by A.I.C.T.E.</b>	7492128069
<b>Date of Birth</b>	03-04-1991
<b>Age</b>	33
<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.E.	COMPUTER SCIENCE AND ENGINEERING	2012	EXCEL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.20	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	NANDHA COLLEGE OF TECHNOLOGY	ANNA UNIVERSITY	7.45	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
EXCEL ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	27-07-2015	08-06-2018	2	10	13
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	03-02-2020	26-01-2024	3	11	24
<b>Total</b>				<b>6</b>	<b>10</b>	<b>12</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**

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**

