Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE				
Time of the control	(AUTONOMOUS)				
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING				
Name of the Degree & Course	B.TECHARTIFICIAL INTELLIGENCE AND DATA SCIENCE				
Name of the faculty member	MR. THIYAGARAJAN P				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	31A,ODAKKADU, NARAYANA NAGAR, KOMARAPALAYAM				
Line 2	NAMAKKAL				
District	NAMAKKAL				
Telephone number	-				
Mobile number	+91 - 8754703191				
Email	THIYAGUX91@GMAIL.COM				
Gender	MALE				
Community	ВС				
PAN Number	ВЈНРТ5849К				
Passport Number					
Aadhar Number	274194282624				
Faculty code given by C.O.E.	7304				
Faculty code given by A.I.C.T.E.	7492128069				
Date of Birth	03-04-1991				
Age	33				
I. Particulars of Educational Qualification : (only completed))				

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.E.	COMPUTE R SCIENCE AND ENGINEE RING	2012	EXCEL ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	7.20	FIRST CLASS	The British of the Control of the Co
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2015	NANDHA COLLEGE OF TECHNOL OGY	ANNA UNIVERSI TY	7.45	FIRST CLASS	Amil History I.

^{*} 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) *

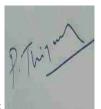
Name of the College	Designation	Joining Date	Relieving Date / Current Date	Experience		
Name of the College			for Presently Working Institutions	Years	Months	Days
EXCEL ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	27-07-2015	08-06-2018	2	10	13
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	03-02-2020	26-01-2024	3	11	24
	6	10	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) (No. of days) **Evaluated**) days)

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



Signature of the Faculty: