Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)			
Name of the Department	CHEMICAL ENGINEERING			
Name of the Degree & Course	B.TECHCHEMICAL ENGINEERING			
Name of the faculty member	MR. AJAY P			
Regular Or Adjunct	Regular			
Image				
Present Designation	ASSISTANT PROFESSOR			
Residential Address Line 1	VANNAMPARA,ODAMPALLI			
Line 2	NAMAKKAL			
District	NAMAKKAL			
Telephone number	-			
Mobile number	+91 - 9626142303			
Email	AJAYP7694@GMAIL.COM			
Gender	MALE			
Community	ВС			
PAN Number	BWBPA1116R			
Passport Number				
Aadhar Number	235666013698			
Faculty code given by C.O.E.				
Faculty code given by A.I.C.T.E.	19515931359			
Date of Birth	13-10-1996			
Age	28			
I. Particulars of Educational Qualification : (only co	ompleted)			

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.	OTHERS - BTECH	OTHERS - CHEMICA L ENGINEE RING	2018	KONGU ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	74	FIRST CLASS	And The Grand Control of the Control
P.G.	м.тесн.	CHEMICA L ENGINEE RING	2020	ALAGAPP A COLLEGE OF TECHNOL OGY	ANNA UNIVERSI TY	70	FIRST CLASS	And Their representations of the control of the con

<sup>\*</sup> 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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	13-07-2022	08-01-2024	1	5	27
			Total	1	5	29

# V. Industrial Experience:

Name of the	Designation	Nature of Laining Date Balianing Date			xperience	e	
Organisation	Designation	Work	Joining Date	Relieving Date		Months	Days

# VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Exmination during the last year

AU. (No. days	of Member	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.

