




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND INSTRUMENTATION ENGINEERING
Name of the faculty member	MR. AMARNATH KUMARAN A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	22 / 7 , V S ILLAM , MAHATMA NAGAR,
Line 2	CAK ROAD , KARUR - POST , KARUR - DT. PIN - 639001
District	KARUR
Telephone number	-
Mobile number	+91 - 8883232058
Email	AMAREIE001@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BKCPA3534L
Passport Number	
Aadhar Number	593879454124
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43654833946
Date of Birth	22-07-1995
Age	29
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.	ELECTRONICS AND INSTRUMENTATION ENGINEERING	2016	M KUMARASAMY COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	7.53	FIRST CLASS	
P.G.	M.E.	CONTROL AND INSTRUMENTATION ENGINEERING	2018	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.01	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	22-09-2023	01-02-2024	0	4	10
Total				0	4	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 (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 :

