




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. SURESHKUMAR P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2.2.44A,KANAKKAN KADU,PADAI VEEDU -POST
Line 2	SANKARI - WEST, 637303
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 9865257887
Email	PSURESHVIJAYAN21@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	CHKPS0954G
Passport Number	
Aadhar Number	458756461661
Faculty code given by C.O.E.	7304096
Faculty code given by A.I.C.T.E.	409826885
Date of Birth	15-08-1978
Age	46
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 - INSTRUMENTATION ENGINEERING	2003	M A M COLLEGE OF ENGINEERING	BHARATHI DASAN UNIVERSITY	74.34	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2008	GOVERNMENT COLLEGE OF ENGINEERING SALEM (AUTONOMOUS)	ANNA UNIVERSITY	62.00	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	30-04-2009	30-06-2013	4	2	1
OTHERS - BHARATH POLYTECHNIC COLLEGE	OTHERS - SENIOR LECTURER	07-06-2004	31-03-2009	4	9	24
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2013	13-01-2024	10	6	13
Total				19	6	11

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)
5		1		

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

Signature of the Faculty :

