




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. CHOKKALINGAM P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	50/2, D.R. APARTMENT II MADHAVI STREET,TEACHERS COLONY
Line 2	ERODE-638011
District	ERODE
Telephone number	-
Mobile number	+91 - 9788983132
Email	PCHOKKU73@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	ALBPC6169Q
Passport Number	
Aadhar Number	408854064710
Faculty code given by C.O.E.	7304120
Faculty code given by A.I.C.T.E.	697978831
Date of Birth	26-11-1973
Age	51
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.	MECHANICAL ENGINEERING	2008	OTHERS - VINAYAKA MISSION UNIVERSITY	OTHERS - VINAYAKA MISSION UNIVERSITY	78.33	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2011	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.48	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)	OTHERS - LECTURER	12-05-2011	30-06-2012	1	1	20
SRI RAMANATHAN ENGINEERING COLLEGE	OTHERS - LECTURER	01-10-2008	30-08-2009	0	10	30
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2012	12-01-2024	11	6	12
Total				13	7	5

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 :

