




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. DHIVAKAR KARTHICK M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	8/361 A, EB COLONY, PERUMAPALAYAM, VASAVI COLLEGE P.O
Line 2	BHAVANI, 638316
District	ERODE
Telephone number	-
Mobile number	+91 - 9566846331
Email	DIVAKARTHICK@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CFRPD7990E
Passport Number	
Aadhar Number	510036556992
Faculty code given by C.O.E.	6213177
Faculty code given by A.I.C.T.E.	7453893475
Date of Birth	12-06-1992
Age	32
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.	CIVIL ENGINEERING	2013	EXCEL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	77.5	FIRST CLASS	
P.G.	M.E.	CONSTRUCTION ENGINEERING AND MANAGEMENT	2015	BUILDERS ENGINEERING COLLEGE	ANNA UNIVERSITY	85.9	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

RECKONING SELF HEALING BEHAVIOUR OF NOVEL BACTERIA IN CEMENT CHEMISTRY

III. Faculty in which Ph.D. was awarded

FACULTY OF CIVIL ENGINEERING

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	03-06-2019	25-01-2024	4	7	23
KONGUNADU COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	03-06-2015	31-05-2019	3	11	28
Total				8	7	25

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)
-------------------------	----------------------------------	---	---	--

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

Signature of the Faculty :

