




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. MATHIYALAGAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	8/1-249 MIN NAGAR, PUDHUSAMPALLI, RAMAN NAGAR POST
Line 2	METTUR DAM, 636403
District	SALEM
Telephone number	-
Mobile number	+91 - 7502343775
Email	MATHIMURUGAN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CSBPM6230R
Passport Number	
Aadhar Number	500191209696
Faculty code given by C.O.E.	6109122
Faculty code given by A.I.C.T.E.	758288393
Date of Birth	21-09-1987
Age	37
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	2009	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	Y	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2014	JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	Y	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
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	OTHERS - LECTURER	10-10-2011	30-06-2012	0	8	22
MAHARAJA ENGINEERING COLLEGE	OTHERS - LECTURER	06-01-2009	06-10-2011	2	0	10
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	01-08-2014	30-06-2022	7	10	31
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2022	22-01-2024	1	6	22
Total				12	2	27

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 :

