
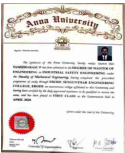


Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. TAMIZHARASU P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	11/136 D,URALPATTI
Line 2	UDUMALPET -
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 8760647858
Email	TAMIL17397@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AXQPT5356H
Passport Number	
Aadhar Number	993800598276
Faculty code given by C.O.E.	7304
Faculty code given by A.I.C.T.E.	9316250175
Date of Birth	29-05-1997
Age	27
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	2018	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	6.8	FIRST CLASS	
P.G.	M.E.	INDUSTRIAL SAFETY ENGINEERING	2020	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.77	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	01-12-2020	12-01-2024	3	1	12
Total				3	1	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 :

