




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	M.E.-INDUSTRIAL SAFETY ENGINEERING
Name of the faculty member	MR. MOULIDHARAN L
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5-3,19E TEACHERS COLONY
Line 2	ALAMPALAYAM POST-638008
District	ERODE
Telephone number	-
Mobile number	+91 - 9489483939
Email	MOULISAFETY@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AZVPM8944P
Passport Number	L4018057
Aadhar Number	624445631175
Faculty code given by C.O.E.	7304
Faculty code given by A.I.C.T.E.	7462167375
Date of Birth	28-02-1991
Age	33
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2012	GNANAMANI COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	6.8	FIRST CLASS	
P.G.	M.E.	INDUSTRIAL SAFETY ENGINEERING	2018	K S R COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	9.1	DISTINCTION	
* 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	02-01-2019	12-01-2024	5	0	11		
Total				5	0	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)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

