




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	M.E.-MANUFACTURING ENGINEERING
Name of the faculty member	MR. KARTHICK M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	16/10, VASANTHAM NAGAR
Line 2	NORTH GANDHIPURAM, NAMBIYUR - 638458
District	ERODE
Telephone number	-
Mobile number	+91 - 9944448146
Email	KARTHICKKMS@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BBWPK1902R
Passport Number	
Aadhar Number	614371921505
Faculty code given by C.O.E.	7304
Faculty code given by A.I.C.T.E.	9316250052
Date of Birth	19-04-1991
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.	MECHANICAL ENGINEERING	2012	THE KAVERY ENGINEERING COLLEGE	ANNA UNIVERSITY	6.52	FIRST CLASS	
P.G.	M.E.	INDUSTRIAL SAFETY ENGINEERING	2014	K S R COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	8.49	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	11-07-2020	26-01-2024	3	6	16
K S R COLLEGE OF ENGINEERING (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2014	30-11-2015	1	4	31
Total				4	11	22

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 :

