




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	M.E.-STRUCTURAL ENGINEERING
Name of the faculty member	MR. KRISHNA D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/37B, PERIYAKADU, ERUGALOR POST
Line 2	SANKARI TAULK 637301
District	SALEM
Telephone number	-
Mobile number	+91 - 8675572725
Email	DKRISHNACIVIL92@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DQZPK3822E
Passport Number	
Aadhar Number	304891681125
Faculty code given by C.O.E.	7304239
Faculty code given by A.I.C.T.E.	3558944916
Date of Birth	17-02-1992
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	7.78	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2015	EXCEL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.57	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	05-06-2017	25-01-2024	6	7	21
Total				6	7	24


V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
SDOTG INFRA TECH	SITE ENGINEER	SITE EXECUTION	04-05-2015	29-04-2017	1	11	26
Total					1	11	0

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 :