





Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MR. ELAMPARITHY E S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	B188,3RD CROSS STREET DHEERAN NAGAR
Line 2	THIRUCHY-620009
District	THIRUCHIRAPPALLI
Telephone number	-
Mobile number	+91 - 9047621770
Email	PARITHY1705@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ACEPE4376K
Passport Number	
Aadhar Number	287979583381
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	17408235579
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.A.	ENGLISH	2012	OTHERS - JAMAL MOHAMMED COLLEGE	BHARATH IDASAN UNIVERSITY	59	SECOND CLASS	
P.G.	OTHERS - MA	OTHERS - ENGLISH	2014	OTHERS - BISHOPHER COLLEGE	BHARATH IDASAN UNIVERSITY	61	FIRST CLASS	
OTHERS - M PHIL	OTHERS - M PHIL	OTHERS - ENGLISH	2015	OTHERS - JAMAL MOHAMMED COLLEGE	BHARATH IDASAN UNIVERSITY	67	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	02-11-2020	12-01-2024	3	2	11
Total				3	2	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) 1	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 :