




<b>Name of the College</b>	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	S&H-ENGLISH
<b>Name of the faculty member</b>	MR. SEDHUPATHI A
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	93, INDHRA NAGAR, PERUNDHALAIYUR
Line 2	BHAVANI, 638615
<b>District</b>	ERODE
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9500760863
<b>Email</b>	SEDHUPATHIPHDTAMIL@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	SC
<b>PAN Number</b>	HSGPS1216H
<b>Passport Number</b>	
<b>Aadhar Number</b>	320923287368
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	43642244583
<b>Date of Birth</b>	14-11-1994
<b>Age</b>	30
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.	OTHERS - BA.TAMIL	OTHERS - TAMIL	2015	OTHERS - CHIKKAIAH NAICKER COLLEGE	BHARATHI YAR UNIVERSITY	68	FIRST CLASS	
P.G.	OTHERS - MA.TAMIL	OTHERS - TAMIL	2017	OTHERS - CHIKKAIAH NAICKER COLLEGE	BHARATHI YAR UNIVERSITY	79	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	04-09-2023	12-01-2024	0	4	9
<b>Total</b>				0	4	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.

A handwritten signature in blue ink, appearing to be 'J. (S. Singh)', is centered within a rectangular box.

**Signature of the Faculty :**