




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	DR. MAHENDRAKUMAR G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/928, GOUNDER ST
Line 2	VEPPANAPALLI- 635121
District	KRISHNAGIRI
Telephone number	-
Mobile number	+91 - 9626200594
Email	MAGIMATHS01@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BETPM2819B
Passport Number	
Aadhar Number	244536248884
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	25027331841
Date of Birth	26-07-1987
Age	37
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.SC.	OTHERS - MATHEMATICS	2009	OTHERS - ARIGNAR ANNA COLLEGE	PERIYAR UNIVERSITY	60	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2012	OTHERS - THIRUVALLUVAR	THIRUVALLUVAR UNIVERSITY	76	FIRST CLASS	
PH.D.	PH.D.	MATHEMATICS	2018	OTHERS - THIRUVALLUVAR UNIVERSITY	THIRUVALLUVAR UNIVERSITY	AWARDED		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

STUDIES ON STABILITY ANALYSIS OF NEURAL NETWORKS WITH TIMEVARYING DELAYS

III. Faculty in which Ph.D. was awarded

FACULTY OF SCIENCE AND HUMANITIES

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	22-08-2022	09-01-2024	1	4	19
Total				1	4	21

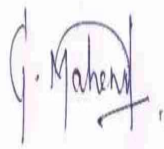
V. Industrial Experience :

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 :