





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	MR. NALLAMAYAN T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/258,MUTHU PANDI PATTI,
Line 2	NAKKALAPATTI,USILAMPATTI,MADURAI
District	MADURAI
Telephone number	-
Mobile number	+91 - 9171647588
Email	TNALLAMAYAN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AUNPN5528R
Passport Number	
Aadhar Number	222979812544
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7490011824
Date of Birth	01-05-1983
Age	41
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	2003	OTHERS - PMT COLLEGE SILAMPATTI	MADURAI KAMARAJ UNIVERSITY	58	SECOND CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2005	OTHERS - SARASWATHI NARAYANAN COLLEGE	MADURAI KAMARAJ UNIVERSITY	68	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2010	OTHERS - MADURAI KAMARAJ UNIVERSITY	MADURAI KAMARAJ UNIVERSITY	58	SECOND 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	03-02-2020	09-01-2024	3	11	7
Total				3	11	12

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

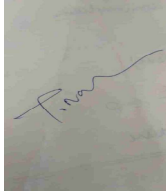
VI. C.O.E. Appointment Experience :

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)	Central Evaluation (No. of scripts Evaluated) 150	Re-Evaluation (No. of scripts Evaluated) 50
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

A small, square image showing a handwritten signature in blue ink on a light-colored, textured surface. The signature is cursive and appears to be the name 'P. M.' followed by a long, horizontal flourish.