





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. SOMASUNDARAM K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	41 VENKATESWARA NAGAR, ANGANVADI SCHOOL NEAR
Line 2	MANIYAMPALAYAM, KAVANDAPADI 638455
District	ERODE
Telephone number	-
Mobile number	+91 - 9994427350
Email	SOMUK24@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CQXPS4959K
Passport Number	
Aadhar Number	216904976193
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7472347172
Date of Birth	24-04-1983
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 - ERODE ARTS COLLEGE	BHARATHIYAR UNIVERSITY	65.59	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2005	OTHERS - SRI RAMAKRISHNA MISSION VIDHYALAYA COLLEGE OF ARTS AND SCIENCE	BHARATHIYAR UNIVERSITY	67.65	FIRST CLASS	
P.G.	OTHERS - M.PHIL	OTHERS - MATHEMATICS	2007	OTHERS - BHARATHIYAR UNIVERSITY	BHARATHIYAR UNIVERSITY	60	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	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) 200	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 : 