





Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MR. SENTHIL GANESH T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	45,SRI CAUVIRI CITY,PARAVALASU,PUNGAMBADI PO.
Line 2	ERODE , 638112
District	ERODE
Telephone number	-
Mobile number	+91 - 9750399701
Email	SENTHILGANESH13@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CVLPS1270A
Passport Number	
Aadhar Number	465254864621
Faculty code given by C.O.E.	7304152
Faculty code given by A.I.C.T.E.	2187781212
Date of Birth	13-09-1981
Age	43
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 - PHYSICS	2002	OTHERS - SETHUPATHI GOVERNMENT ARTS COLLEGE	MADURAI KAMARAJ UNIVERSITY	70.3	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2004	OTHERS - SN COLLEGE	MADURAI KAMARAJ UNIVERSITY	74.6	FIRST CLASS	
OTHERS - M.PHIL	OTHERS - M.PHIL	OTHERS - PHYSICS	2006	OTHERS - CENTRE FOR DISTANCE EDUCATION TRICHY	BHARATHI DASAN UNIVERSITY	65	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
OTHERS - CBM COLLEGE	OTHERS - LECTURER	07-12-2005	20-04-2007	1	4	14
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	05-07-2013	12-01-2024	10	6	8
EXCEL ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	04-07-2007	18-06-2013	5	11	15
Total				17	10	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)	Re-Evaluation (No. of scripts Evaluated)
4				

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

