7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
SCIENCE AND HUMANITIES
S&H-ENGLISH
MR. SOLOMON V ANBUCHELVAN V
Regular
ASSOCIATE PROFESSOR
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mpleted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.A.	ENGLISH	1996	OTHERS - THE AMERICA N COLLEGE	MADURAI KAMARAJ UNIVERSI TY	43	OTHERS - THIRD CLASS	In chursi Annow Industrial
P.G.	OTHERS - M.A	OTHERS - ENGLISH	1998	OTHERS - THE MADURA COLLEGE	MADURAI KAMARAJ UNIVERSI TY	57	SECOND CLASS	Atheris Imany Strives
P.G.	OTHERS - M.PHIL	OTHERS - ENGLISH	1999	OTHERS - MADURAI KAMARAJ UNIVERSI TY	MADURAI KAMARAJ UNIVERSI TY	62	FIRST CLASS	The force I known I trittering additional and the second and the

^{*} 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	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
S S M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-12-2004	31-05-2012	7	5	5
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	05-06-2017	31-01-2019	1	7	26
S S M COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-08-2013	11-05-2017	3	9	10
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSOCIATE PROFESSOR	01-02-2019	31-01-2024	4	11	28
	Total	17	10	15		

V	•	lnd	lus	trial	Exp	eri	ence	е:
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Name of the Organisation	Designation Nature of		Inimima Data	Dalianing Data	Experience			
	Designation	Work	Joining Date	Date Relieving Date	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) 2	Central Evaluation (No. of scripts Evaluated) 1	Re-Evaluation (No. of scripts Evaluated) 2
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty: