

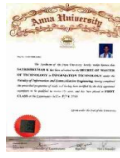


Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND DESIGN
Name of the faculty member	MR. SATHISHKUMAR K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/240, KAMARAJNAGAR, MULAKURUMBAPALAYAM
Line 2	MURIANDAMPALAYAM, TIRUPUR, 641655
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9976040486
Email	KRISHNASASMYSATHISH@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	DDSPS2200G
Passport Number	
Aadhar Number	546652202642
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	11097471902
Date of Birth	02-06-1990
Age	34
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.TECH.	INFORMATION TECHNOLOGY	2011	SRI RAMAKRISHNA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	81	FIRST CLASS	
P.G.	M.TECH.	INFORMATION TECHNOLOGY	2015	MAHARAJA ENGINEERING COLLEGE	ANNA UNIVERSITY	70	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	01-07-2021	07-02-2024	2	7	7
Total				2	7	10

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 Examination 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 :

A handwritten signature in blue ink, appearing to read "K. Serikhatun", is written over a light gray rectangular background.