




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. PRABHAKARAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/4,SADAYANGOUNDENPUTHUR,PULANKINAR,
Line 2	UDUMALPET-
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 8344059146
Email	PRABHU9789@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CHXPP3177P
Passport Number	
Aadhar Number	457894103962
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	7474828259
Date of Birth	20-01-1990
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.E.	MECHANICAL ENGINEERING	2012	SRI SUBRAMANYA COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2015	SBM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.4	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
SRI SUBRAMANYA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	12-02-2018	31-12-2021	3	10	17
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	03-01-2022	12-01-2024	2	0	10
Total				5	10	2

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

A handwritten signature in blue ink on a yellow background. The signature is cursive and appears to read 'R. Prabh'.

Signature of the Faculty :