| Name of the College | 7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS) | | | | | |
|--|--|--|--|--|--|--|
| Name of the Department | BIO-MEDICAL | | | | | |
| Name of the Degree & Course | B.EBIOMEDICAL ENGINEERING | | | | | |
| Name of the faculty member | DR. SOBANA S | | | | | |
| Regular Or Adjunct | Regular | | | | | |
| Image | | | | | | |
| Present Designation | PROFESSOR | | | | | |
| Residential Address Line 1 | C204,RMK CHOZHAGARDEN,SUNDARACHOZHAPURAM,THIRUVERKATU | | | | | |
| Line 2 | CHENNAI,600077 | | | | | |
| District | TIRUVALLUR | | | | | |
| Telephone number | - | | | | | |
| Mobile number | +91 - 9566135296 | | | | | |
| Email | SOBBANA.SUBRAMANI@GMAIL.COM | | | | | |
| Gender | FEMALE | | | | | |
| Community | вс | | | | | |
| PAN Number | CEQPS1577E | | | | | |
| Passport Number | F006737 | | | | | |
| Aadhar Number | 669561718053 | | | | | |
| Faculty code given by C.O.E. | 3106158 | | | | | |
| Faculty code given by A.I.C.T.E. | 11451652773 | | | | | |
| Date of Birth | 04-06-1967 | | | | | |
| Age | 57 | | | | | |
| I. Particulars of Educational Qualification : (only completed) | 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. | INSTRUMENT ATION AND CONTROL ENGINEERING | 1989 | TAMILNADU COLLEGE OF ENGINEERING | BHARATHIYAR UNIVERSITY | 60 | SECOND CLASS | |
| P.G. | M.E. | CONTROL AND INSTRUMENT ATION ENGINEERING | 2003 | COLLEGE OF ENGINEERING GUINDY | ANNA UNIVERSITY | 6.7 | FIRST CLASS | A disease of the second |
| PH.D. | PH.D. | CHEMICAL ENGINEERING | 2013 | COLLEGE OF ENGINEERING GUINDY | ANNA UNIVERSITY | Y | | Mana Mineralismos de la composición del composición del composición de la composició |

 $[\]mbox{*}$ Upload Scanned copy of Original Degree Certificate.

$\textbf{I.a. Additional Qualification:-} \ \ \texttt{NO ADDITIONAL QUALIFICATION}$

Score : File :

| | ICATION MODELING AND CONTROL OF JOUS DESALINATION PROCESS USING REVERSE S |
|--|---|
|--|---|

III. Faculty in which Ph.D. was awarded FACULTY OF ELECTRICAL ENGINEERING

IV. Academic Experience :

(Start from the Current working Experience) $\ensuremath{^*}$

| Nowe of the College | Designation. | Tababa m Data | Relieving Date / Current Date | Experience | | |
|--|------------------------|---------------|--|------------|--------|------|
| Name of the College | Designation | Joining Date | for Presently Working Institutions | Years | Months | Days |
| OTHERS - SATHYABAMA UNIVERSITY | ASSISTANT PROFESSOR | 27-05-1996 | 26-10-2005 | 9 | 4 | 31 |
| JERUSALEM COLLEGE OF ENGINEERING (AUTONOMOUS) | ASSISTANT PROFESSOR | 25-01-2006 | 02-01-2007 | 0 | 11 | 9 |
| OTHERS - ARULMIGU KALASALINGAM COLLEGE OF ENGINEERING | OTHERS - LECTURER | 09-07-1990 | 25-05-1996 | 5 | 10 | 17 |
| EASWARI ENGINEERING COLLEGE (AUTONOMOUS) | ASSISTANT PROFESSOR | 04-06-2007 | 31-05-2017 | 9 | 11 | 27 |
| ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS) | PROFESSOR | 01-07-2022 | 30-01-2024 | 1 | 6 | 30 |
| EASWARI ENGINEERING COLLEGE (AUTONOMOUS) | ASSOCIATE PROFESSOR | 01-06-2017 | 29-04-2022 | 4 | 10 | 29 |
| Total | | | | | | 29 |

V. Industrial Experience :

| Name of the | Designation | Nature of Work | Nature of Work Joining Date Relieving I | Polioving Date | Experience | | |
|--------------|-------------|----------------|---|----------------|------------|--------|------|
| Organisation | Designation | Nature of Work | | | 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 | Squad Member | External Examiner (Practical) | Central Evaluation | Re-Evaluation |
|---------------|---------------|--------------------------------------|----------------------------|----------------------------|
| (No. of days) | (No. of days) | (No. of days) | (No. of scripts Evaluated) | (No. of scripts Evaluated) |

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



Signature of the Faculty: