



Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. MADHAN MOHAN J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	109 RANA NAGAR
Line 2	BHAVANI
District	ERODE
Telephone number	-
Mobile number	+91 - 9443550446
Email	MADHAN79IN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ARTPM4432A
Passport Number	GB154278
Aadhar Number	624008548358
Faculty code given by C.O.E.	7304076
Faculty code given by A.I.C.T.E.	1551467314
Date of Birth	16-05-1980
Age	44
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2002	PSNA COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	60	SECOND CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2004	OTHERS - KARUNYA INSTITUTE OF TECH	ANNA UNIVERSITY	6.5	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
M P NACHIMUTHU M JAGANATHAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	12-05-2010	26-11-2010	0	6	15
J K K MUNIRAJAH COLLEGE OF TECHNOLOGY	ASSISTANT PROFESSOR	08-12-2010	30-04-2012	1	4	24
OTHERS - VMKV ENGG COLLEGE	ASSISTANT PROFESSOR	03-08-2004	20-04-2010	5	8	18
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	02-01-2013	31-12-2017	4	11	30
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSOCIATE PROFESSOR	01-01-2018	30-01-2024	6	0	30
Total				18	8	1

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.

**Signature of the Faculty :** _____