




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. SUDHARSHANAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/70 MELAPATTI S.VALAVANDHI POST
Line 2	P.VELUR TALUK - 637017
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 8667357959
Email	SUD1421992@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	GCGPS3017F
Passport Number	
Aadhar Number	493043975934
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	43381723204
Date of Birth	14-02-1992
Age	32
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	2013	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.96	FIRST CLASS	
P.G.	M.E.	ELECTRICAL DRIVES AND EMBEDDED CONTROL	2015	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	8.33	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	13-03-2023	26-01-2024	0	10	14
Total				0	10	19

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, appearing to be 'A. S.', is centered within a rectangular box.

Signature of the Faculty :