




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 (TAMIL MEDIUM)
Name of the faculty member	MR. KAVIN G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	102/6 PULIYAN THOPPU
Line 2	SEENAPURAM-638057
District	ERODE
Telephone number	-
Mobile number	+91 - 9659315595
Email	KAVINGK3@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DVBPK2301H
Passport Number	
Aadhar Number	280444010346
Faculty code given by C.O.E.	7304
Faculty code given by A.I.C.T.E.	4244726621
Date of Birth	12-05-1993
Age	31
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	2015	NANDHA ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	6.61 CGPA	FIRST CLASS	
P.G.	M.E.	INDUSTRIAL SAFETY ENGINEERING	2017	K S R COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	9.15 CGPA	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	17-04-2018	12-01-2024	5	8	26
Total				5	8	0

V. Industrial Experience :

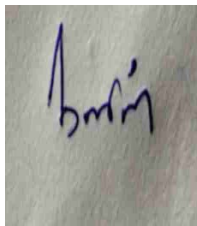
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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 'amin', is centered within a rectangular box.

Signature of the Faculty :