




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	INFORMATION TECHNOLOGY
Name of the Degree & Course	B.TECH.-INFORMATION TECHNOLOGY
Name of the faculty member	MR. ARUN MAHARAJA E
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	GANDHI NAGAR MADHUKKARAI
Line 2	641105
District	COIMBATORE
Telephone number	-
Mobile number	+91 - 9940995950
Email	ARUNMAHARAJA77@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ABOPE8199H
Passport Number	
Aadhar Number	730813149296
Faculty code given by C.O.E.	7312304
Faculty code given by A.I.C.T.E.	19459332038
Date of Birth	01-03-1987
Age	37
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.	COMPUTER SCIENCE AND ENGINEERING	2015	OTHERS - COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY	OTHERS - COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY	62	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2020	NEHRU INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	78.3	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
J K K MUNIRAJAH COLLEGE OF TECHNOLOGY	ASSISTANT PROFESSOR	26-08-2021	04-06-2022	0	9	10
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	12-08-2022	06-01-2024	1	4	26
OTHERS - STJOSEPH POLYTECHNIC COLLEGE	OTHERS - LECTURER	12-06-2017	30-04-2018	0	10	19
NEHRU INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	01-06-2020	13-08-2021	1	2	13
Total				4	3	10

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 :

