7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)		
INFORMATION TECHNOLOGY		
B.TECHINFORMATION TECHNOLOGY		
MR. RAMAKRISHNAN M		
Regular		
ASSOCIATE PROFESSOR		
130/6 THILAGAR STREET, SIVAN PURAM COLONY		
METTUPALAYAM 641301		
COIMBATORE		
-		
+91 - 9843872553		
RAMSBEIT@GMAIL.COM		
MALE		
ВС		
BAYPR5985G		
867025839235		
1478856804		
09-05-1978		
46		
completed)		

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	OTHERS - INFORMA TION TECHNOL OGY	2004	OTHERS - VLB JANAKIAM MAL COLLEGE OF ENGINEE RING AND TECHNOL OGY	BHARATH IYAR UNIVERSI TY	63.74	FIRST CLASS	A CONTROL OF THE PROPERTY OF T
P.G.	M.E.	SOFTWAR E ENGINEE RING	2010	ANNA UNIVESIT Y REGIONA L CAMPUS, COIMBAT ORE	ANNA UNIVERSI TY	8.09	FIRST CLASS	The second of th

<sup>\*</sup> 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 Callege	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
Name of the College				Years	Months	Days
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	28-02-2022	06-01-2024	1	10	7
CHRIST THE KING ENGINEERING COLLEGE	ASSISTANT PROFESSOR	15-06-2011	31-05-2012	0	11	16
MAHARAJA INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	12-07-2007	03-06-2011	3	10	23
SREE SAKTHI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	12-06-2012	30-09-2021	9	3	19
	16	0	7			

## V. Industrial Experience:

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
Organisation					Years	Months	Days
UNITED ENGINEERIN G SOLUTIONS	PROGRMMER	PROGRAMMI NG	14-05-2004	12-07-2007	3	1	30
Total						1	0

# VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Exmination during the last year

AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

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



**Signature of the Faculty:**