




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. TAMILVANAN K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	336 SELVA NAGAR MANKARADU
Line 2	ERODE 638104
District	ERODE
Telephone number	-
Mobile number	+91 - 9952172237
Email	VANAN.TAMIL1983@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AMJPT2850J
Passport Number	
Aadhar Number	212777807429
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	110656157971
Date of Birth	13-02-1983
Age	41
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 AND COMMUNICATION ENGINEERING	2005	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	64	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2010	OTHERS - KIRUBANANDA VARIYAR ENGINEERING COLLEGE	OTHERS - VINAKAYA MISSION UNIVERSITY	74	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
SALEM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	16-06-2017	21-05-2018	0	11	6
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	14-06-2023	16-02-2024	0	8	3
KING COLLEGE OF TECHNOLOGY	OTHERS - LECTURER	08-08-2011	31-05-2012	0	9	24
AL-AMEEN ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	04-08-2021	22-03-2023	1	7	19
SASURIE COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	04-06-2012	24-04-2015	2	10	21
Total				6	11	20

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 : 