7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
INFORMATION TECHNOLOGY
B.TECHINFORMATION TECHNOLOGY
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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.	в.тесн.	INFORMA TION TECHNOL OGY	2006	MAHARAJ A ENGINEE RING COLLEGE	ANNA UNIVERSI TY	76	DISTINCT ION	Anna Holtzering
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2010	ANNA UNIVESIT Y REGIONA L CAMPUS, COIMBAT ORE	ANNA UNIVERSI TY	9.25	DISTINCT ION	Manual Millerrange of the Control of
PH.D.	PH.D.	COMPUTE R SCIENCE AND ENGINEE RING	2018	COLLEGE OF ENGINEE RING GUINDY	ANNA UNIVERSI TY	Y		Military Company of the Company of t
* Upload Scanned copy of Original Degree Certificate.								

File:

II. Title of Ph.D. Thesis	CERTAIN INVESTIGATIONS ON IMPROVEMENTS IN CLASSIFICATION ALGORITHMS FOR APPLICATION LAYER DISTRIBUTED DENIAL OF SERVICE ATTACKS
III. Faculty in which Ph.D. was awarded	FACULTY OF INFORMATION AND COMMUNICATION ENGINEERING
IV. Academic Experience : ( Start from the Current working Experience ) *	

Name of the College	Designation	Joining Date	Relieving Date / Current Date	Experience		
Name of the Conege	Designation Joining Date for Presently Working Institutions		Years	Months	Days	
ADITHYA INSTITUTE OF TECHNOLOGY	ASSOCIATE PROFESSOR	06-06-2016	28-06-2021	5	0	23
MAHARAJA ENGINEERING COLLEGE	ASSISTANT PROFESSOR	03-07-2006	04-06-2016	9	11	2
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSOCIATE PROFESSOR	01-07-2021	06-01-2024	2	6	6
Total					6	4

## V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date Relieving Date	Relieving Date	xperience	•
Organisation	Designation	Work	Joining Date		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) 1	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.

Sum

**Signature of the Faculty:**