
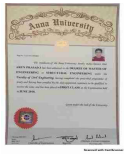


Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. ARUNPRASAD J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	47/1 INDIRA NAGAR NORTH
Line 2	PALANI 624601
District	DINDIGUL
Telephone number	-
Mobile number	+91 - 9698942052
Email	ARUNPRASAD116@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BJAPA5065K
Passport Number	
Aadhar Number	457136116813
Faculty code given by C.O.E.	7304255
Faculty code given by A.I.C.T.E.	7453893468
Date of Birth	31-12-1992
Age	32
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.	CIVIL ENGINEERING	2014	STUDYWORLD COLLEGE OF ENGINEERING	ANNA UNIVERSITY	78	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2016	K P R INSTITUTE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	79	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
OTHERS - SVS COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	24-11-2016	23-01-2019	2	1	30
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	03-06-2019	25-01-2024	4	7	23
Total				6	9	27

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)
-------------------------	----------------------------------	---	---	--

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



Signature of the Faculty :