




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	M.E.-APPLIED ELECTRONICS
Name of the faculty member	MR. THAMIZHARASAN V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	ALAN KADU, PALAPALAYAM, INGUR PO
Line 2	PERUNDURAI, 638058
District	ERODE
Telephone number	04294 - 230124
Mobile number	+91 - 9790851284
Email	ECETAMIL@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ANBPT2057N
Passport Number	G87990007
Aadhar Number	937573741620
Faculty code given by C.O.E.	7304053
Faculty code given by A.I.C.T.E.	410899132
Date of Birth	15-06-1987
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.	ELECTRONICS AND COMMUNICATION ENGINEERING	2008	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	75	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2010	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	8.23	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
M P NACHIMUTHU M JAGANATHAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	08-06-2010	06-07-2010	0	0	29
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	07-07-2010	30-01-2024	13	6	24
Total				13	7	26

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 :

