7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
CIVIL ENGINEERING
M.ESTRUCTURAL ENGINEERING
DR. KRISHNASAMY R
Regular
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mpleted)

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.	CIVIL ENGINEE RING	2012	KONGU ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	87.2	DISTINCT ION	The state of the s
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2015	EXCEL ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	86.3	DISTINCT ION	And the second s
PH.D.	PH.D.	CIVIL ENGINEE RING	2023	GOVERN MENT COLLEGE OF ENGINEE RING, ERODE (FORMER LY INSTITUT E OF ROAD AND TRANSPO RT TECHNOL OGY)	ANNA UNIVERSI TY	Y		COLUMN TO THE PROPERTY OF THE
Upload Scanned copy of Original Degree Certificate. a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score : File :								

II. Title of Ph.D. Thesis	EXPERIMENTAL INVESTIGATION ON GLASS FIBER REINFORCED POLYMER COMPOSITE TRANSMISSION TOWER WITH SPECIAL REFERENCE CONNECTIONS
III. Faculty in which Ph.D. was awarded	FACULTY OF CIVIL 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	Workin		for Presently Working Institutions	Years	Months	Days
EXCEL ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	15-05-2015	21-04-2018	2	11	7
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	13-06-2018	25-01-2024	5	7	13
Total					6	24

V. Industrial Experience :

Name of the	Designation	Signation Nature Joining Date Relieving Da		Relieving Date	Е	xperience	•
Organisation	Designation	of Work	Joining Date	Keneving Date	Years	Months	Days
SECON PVT LTD BANGALORE	ASSISTANT ENGINEER	SURVEY	02-04-2012	02-04-2013	1	0	1
Total					1	0	1

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.

J. Kyma

Signature of the Faculty: