

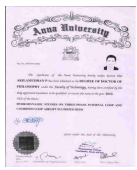


Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	CHEMICAL ENGINEERING
Name of the Degree & Course	M.TECH.-CHEMICAL ENGINEERING
Name of the faculty member	DR. AKILAMUDHAN P
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	562 LAKSHMI NAGAR VASAVI COLLEGE PO
Line 2	ERODE-638316
District	ERODE
Telephone number	-
Mobile number	+91 - 9944816559
Email	AKILAMUDHAN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AFZPA0532M
Passport Number	
Aadhar Number	432747737400
Faculty code given by C.O.E.	7304009
Faculty code given by A.I.C.T.E.	410924745
Date of Birth	05-06-1976
Age	48
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.TECH.	CHEMICAL ENGINEERING	1998	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	59.5	SECOND CLASS	
P.G.	M.TECH.	CHEMICAL ENGINEERING	2000	COIMBATORE INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	BHARATHIYAR UNIVERSITY	68.5	FIRST CLASS	
PH.D.	PH.D.	CHEMICAL ENGINEERING	2012	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

HYDRODYNAMIC STUDIES ON THREE PHASE INTERNAL LOOP AND COMBINED LOOP AIRLIFT FLUIDIZED BEDS

III. Faculty in which Ph.D. was awarded

FACULTY OF TECHNOLOGY

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
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	12-02-2001	30-04-2012	11	2	17
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	PROFESSOR	01-05-2012	08-01-2024	11	8	8
Total				22	10	0

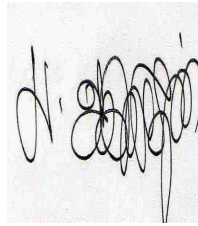
V. Industrial Experience :

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 :**