




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	M.TECH.-COMPUTER SCIENCE AND ENGINEERING (5 YEAR INTEGRATED)
Name of the faculty member	MR. BASKARAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/123, R S ROAD, MOONGILPALAYAM
Line 2	VIJAYAMANGAAM
District	ERODE
Telephone number	-
Mobile number	+91 - 9842316780
Email	VSBAASKAR@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ANJPB6875G
Passport Number	
Aadhar Number	849709874119
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	2914471931
Date of Birth	09-06-1980
Age	44
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
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	2005	MAHARAJA ENGINEERING COLLEGE	ANNA UNIVERSITY	Y	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	Y	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
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	02-01-2024	29-01-2024	0	0	28
Total				0	0	28

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.

A handwritten signature in black ink, appearing to be 'J. B.' followed by a horizontal line.

Signature of the Faculty :