




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MR. MUNIRAJ D M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/151, S.PUDHUR,
Line 2	NALLAMPALLI,636 807
District	DHARMAPURI
Telephone number	-
Mobile number	+91 - 7373437204
Email	MUNIRAJ.DM.CHEM@MCE.AC.IN
Gender	MALE
Community	MBC
PAN Number	CCCPM0908B
Passport Number	
Aadhar Number	873978697162
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	19501045708
Date of Birth	17-06-1992
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.SC.	OTHERS - CHEMISTRY	2013	OTHERS - P M P ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSITY	69	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2017	OTHERS - KAMADHE NU COLLEGE OF ARTS AND SCIENCE COLLEGE	PERIYAR UNIVERSITY	76	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- SLET

Score : 88

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	16-02-2024	0	1	15
MUTHAYAMMAL COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-02-2021	30-09-2023	2	7	28
Total				2	9	17

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 :

