Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)				
Name of the Department	CHEMICAL ENGINEERING				
Name of the Degree & Course	B.TECHCHEMICAL ENGINEERING				
Name of the faculty member	MR. KAMALAKANNAN V P				
Regular Or Adjunct	Regular				
Image	A Company of the Comp				
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	25/12/E2, DOCTOR RATHINAM ST, SALEM				
Line 2 636009					
District	SALEM				
Telephone number	-				
Mobile number	+91 - 9788139532				
Email	KAMAL.CH.KANNAN@GMAIL.COM				
Gender	MALE				
Community	ВС				
PAN Number	CYCPK1182M				
Passport Number					
Aadhar Number	537220976846				
Faculty code given by C.O.E.					
Faculty code given by A.I.C.T.E.	AU1				
Date of Birth	04-06-1991				
Age	32				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	в.тесн.	CHEMICA L ENGINEE RING	2012	ERODE SENGUNT HAR ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	77.4	FIRST CLASS	Age Theory of the control of the con
P.G.	М.ТЕСН.	CHEMICA L ENGINEE RING	2014	ALAGAPPA COLLEGE OF TECHNOL OGY	ANNA UNIVERSI TY	86	FIRST CLASS	Again Minerage

^{*} 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 Datefor Presently Working	Years	xperience Months	Days
			Institutions	icais	Mondis	Days
ERODE SENGUNTHAR ENGINEERING COLLEGE	ASSISTANT PROFESSOR	05-02-2019	30-04-2021	2	2	25
ERODE SENGUNTHAR ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-06-2022	02-03-2023	0	9	2
			Total	2	11	27

V. Industrial Experience:

Name of the	Decignation	Nature of Work	Joining Date	Relieving Date	Experience		
Organisation	Designation	Nature of Work	Joining Date		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	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)
aaysj	(itol of days)	(No. or days)		

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :