




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. NITHYAPRAKASH G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	21 PERIYAKORAVAMPALAYAM NAGADEVAMPALAYAM POST
Line 2	GOBI TALUK
District	ERODE
Telephone number	-
Mobile number	+91 - 9843768356
Email	NITHYAPRAKASHG@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AFGPN5675P
Passport Number	
Aadhar Number	365560476446
Faculty code given by C.O.E.	7304
Faculty code given by A.I.C.T.E.	697643751
Date of Birth	05-06-1982
Age	41
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.E.	CIVIL ENGINEERING	2008	COIMBATORE INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	6.43	SECOND CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2011	BANNARIAMMAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	7.18	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	02-05-2011	26-05-2023	12	0	25
Total				12	0	25

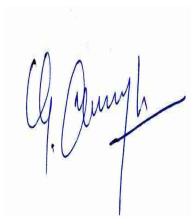
V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
SAMY CO	ASSISTANT ENGINEER	BUILDING WORK	01-08-2005	31-01-2009	3	5	31
Total					3	6	3

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 :