Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)				
Name of the Department	SCIENCE AND HUMANITIES				
Name of the Degree & Course	B.EGENERAL ENGINEERING				
Name of the faculty member	MR. ARUNPRASAD J				
Regular Or Adjunct	Regular				
Image					
Present Designation ASSISTANT PROFESSOR					
Residential Address Line 1	47/1 INDIRA NAGAR NORTH				
Line 2	PALANI 624601				
District	DINDIGUL				
Telephone number	-				
Mobile number	+91 - 9698942052				
Email	ARUNPRASAD116@GMAIL.COM				
Gender	MALE				
Community	BC				
PAN Number	BJAPA5065K				
Passport Number					
Aadhar Number	457136116813				
Faculty code given by C.O.E.	7304255				
Faculty code given by A.I.C.T.E.	7453893468				
Date of Birth	31-12-1992				
Age	31				
I. Particulars of Educational Qualification : (only comp	pleted)				

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2014	STUDYWO RLD COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	78	FIRST CLASS	And This result.  A second of the control of the co
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2016	K P R INSTITUT E OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	79	FIRST CLASS	And Hallery III.

<sup>\*</sup> 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		
Name of the conege				Years	Months	Days
OTHERS - SVS COLLEGE OF ENGINNERING AND TECHNOLOGY	ASSISTANT PROFESSOR	24-11-2016	23-01-2019	2	1	30
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	03-06-2019	26-05-2023	3	11	24
Total					1	25

### V. Industrial Experience :

Name of the	ame of the ganisation	Nature of Work	Joining Date	Relieving Date	Experience		
Organisation					Years	Months	Days

# VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Exmination during the last year

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



**Signature of the Faculty:**