




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	M.E.-ENVIRONMENTAL ENGINEERING
Name of the faculty member	MR. VALLARASU K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/634, AYYAKADU, KADACHANALLUR POST, KUMARAPALAYAM TALUK
Line 2	NAMAKKAL, 638008
District	NAMAKKAL
Telephone number	-
Mobile number	+91 - 6381886719
Email	VALLARASUKIRAMANI@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CLDPV4228D
Passport Number	
Aadhar Number	322882316148
Faculty code given by C.O.E.	7304
Faculty code given by A.I.C.T.E.	29269964611
Date of Birth	30-04-1999
Age	24
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	2020	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	79	FIRST CLASS	
P.G.	M.E.	ENVIRONMENTAL ENGINEERING	2022	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	92	DISTINCTION	

* 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	01-07-2022	26-05-2023	0	10	26
Total				0	10	0

V. Industrial Experience :

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

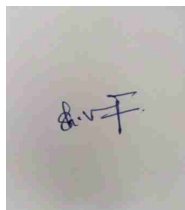
VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Examination 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 :

A small, square, low-resolution image of a handwritten signature in dark ink on a light background. The signature appears to be a stylized 'A.V.F.' or similar initials.