




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. SELVAKUMAR P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	40/26,TANK STREET,TV PALAYAM
Line 2	PERUNDURAI-638052
District	ERODE
Telephone number	-
Mobile number	+91 - 9488085653
Email	ER.SELVA87@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	HJVPS4836R
Passport Number	
Aadhar Number	847195729602
Faculty code given by C.O.E.	7304200
Faculty code given by A.I.C.T.E.	2188918929
Date of Birth	16-05-1987
Age	36
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	2009	BANNARI AMMAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2011	KRS COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.32	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
TAMILNADU COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	27-06-2011	11-04-2014	2	9	15
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	06-06-2014	26-05-2023	8	11	21
Total				11	9	11

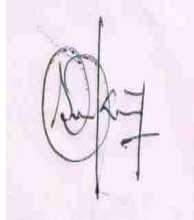
V. Industrial Experience :

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 :