Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)					
Name of the Department	CIVIL ENGINEERING					
Name of the Degree & Course	B.ECIVIL ENGINEERING					
Name of the faculty member	MR. BOOBATHIRAJA S					
Regular Or Adjunct	Regular					
Image						
Present Designation	ASSISTANT PROFESSOR					
Residential Address Line 1	49/38, ROYAL THEATRE ROAD, BHAVANI					
Line 2	ERODE-638301					
District	ERODE					
Telephone number	04256 - 231309					
Mobile number	+91 - 9677662669					
Email	SBRAJA.GEO@GMAIL.COM					
Gender	MALE					
Community	MBC					
PAN Number	AVDPB7635C					
Passport Number						
Aadhar Number	322432443326					
Faculty code given by C.O.E.	7304059					
Faculty code given by A.I.C.T.E.	466596579					
Date of Birth	10-06-1986					
Age	37					
I. Particulars of Educational Qualification : (only completed)						

Category	Name of the Degree	Specializ ation	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	2009	ERODE SENGUNT HAR ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	68	FIRST CLASS	Secretary of the secret
P.G.	M.E.	OTHERS - GEOTECH NICAL ENGINEE RING	2011	GOVERN MENT COLLEGE OF TECHNOL OGY COIMBAT ORE (AUTONO MOUS)	ANNA UNIVERSI TY	7.27	FIRST CLASS	Section 1 to 1

^{*} 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		Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days	
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-06-2011	26-05-2023	11	11	26	
			Total	11	11	1	

V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	Polioving Date		xperience	•
Organisation		Work		Relieving Date	Months	Days	

VI.	C. O.E .	Aj	ppointn	nent E	Experi	enc	e	:		
_							-	-	_	

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

AUR (No. of	Squad Member	External Examiner (Practical)	Central Evaluation	Re-Evaluation
days)	(No. of days)	(No. of days)	(No. of scripts Evaluated)	(No. of scripts Evaluated)

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

ABO Pir

Signature of the Faculty: