




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	M.E.-INDUSTRIAL SAFETY ENGINEERING
Name of the faculty member	MR. MOULIDHARAN L
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5-3,19E TEACHERS COLONY
Line 2	ALAMPALAYAM POST-638008
District	ERODE
Telephone number	-
Mobile number	+91 - 9489483939
Email	MOULISAFETY@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AZVPM8944P
Passport Number	L4018057
Aadhar Number	624445631175
Faculty code given by C.O.E.	7304
Faculty code given by A.I.C.T.E.	7462167375
Date of Birth	28-02-1991
Age	32
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.	ELECTRIC AL AND ELECTRONICS ENGINEERING	2012	GNANAM ANI COLLEGE OF TECHNOLOGY	ANNA UNIVERSITY	6.8	FIRST CLASS	
P.G.	M.E.	INDUSTRIAL SAFETY ENGINEERING	2018	K S R COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	9.1	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	02-01-2019	26-05-2023	4	4	25
Total				4	4	27

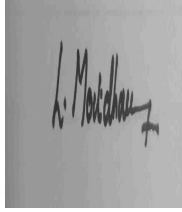
V. Industrial Experience :

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.

A handwritten signature in black ink, appearing to read "L. Moidhan", is centered within a rectangular box.

Signature of the Faculty :