




<b>Name of the College</b>	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
<b>Name of the Department</b>	SCIENCE AND HUMANITIES
<b>Name of the Degree &amp; Course</b>	B.E.-GENERAL ENGINEERING
<b>Name of the faculty member</b>	MR. SIVAM M
<b>Regular Or Adjunct</b>	Regular
<b>Image</b>	
<b>Present Designation</b>	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	MADAYAN STREET
Line 2	METTUR,636453
<b>District</b>	SALEM
<b>Telephone number</b>	-
<b>Mobile number</b>	+91 - 9962409535
<b>Email</b>	SIVAMAKP@GMAIL.COM
<b>Gender</b>	MALE
<b>Community</b>	BC
<b>PAN Number</b>	BZKPS3355J
<b>Passport Number</b>	
<b>Aadhar Number</b>	866292269466
<b>Faculty code given by C.O.E.</b>	
<b>Faculty code given by A.I.C.T.E.</b>	2295789175
<b>Date of Birth</b>	28-06-1989
<b>Age</b>	33
<b>I. Particulars of Educational Qualification : (only completed)</b>	

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.TECH.	OTHERS - MECHANICAL ENGINEERING	2012	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	8.9	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2014	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	7.5	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 / <b>Current Date for Presently Working Institutions</b>	Experience		
				Years	Months	Days
JAYALAKSHMI INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	01-08-2014	05-08-2020	6	0	5
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2021	03-06-2022	0	11	3
<b>Total</b>				<b>6</b>	<b>11</b>	<b>13</b>

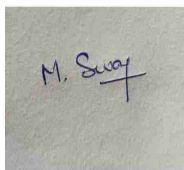
**V. Industrial Experience :**

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**

<b>AUR (No. of days)</b>	<b>Squad Member (No. of days)</b>	<b>External Examiner (Practical) (No. of days)</b>	<b>Central Evaluation (No. of scripts Evaluated)</b>	<b>Re-Evaluation (No. of scripts Evaluated)</b>
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It is certified that all the information provided are true to the best of my knowledge.

A small, square, light-colored paper with a handwritten signature in blue ink. The signature appears to be "M. Sway" with a stylized flourish at the end.

**Signature of the Faculty :**