

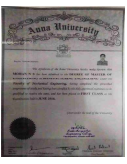


Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING (TAMIL MEDIUM)
Name of the faculty member	MR. MOHAN N S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/255, RAJALAKSHMI NAGAR, NARASOTHIPATTY
Line 2	SALEM- 636004
District	SALEM
Telephone number	-
Mobile number	+91 - 9677951540
Email	DAVAZMOHAN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AHUPN6587G
Passport Number	
Aadhar Number	574074970500
Faculty code given by C.O.E.	7304205
Faculty code given by A.I.C.T.E.	2949998049
Date of Birth	17-12-1989
Age	34
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.	MECHANICAL ENGINEERING	2012	EXCEL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	6.79 CGPA	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2016	ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.5 CGPA	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
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2016	26-05-2023	6	10	26
Total				6	10	1

V. Industrial Experience :

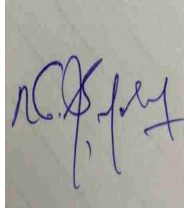
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

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 handwritten signature in blue ink, appearing to be 'N. S. Jay', is written on a light-colored, textured background.