Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.EGENERAL ENGINEERING
Name of the faculty member	MR. CHOKKALINGAM P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	50/2, D.R. APARTMENT II MADHAVI STREET,TEACHERS COLONY
Line 2	ERODE-638011
District ERODE	
Telephone number	-
Mobile number	+91 - 9788983132
Email	PCHOKKU73@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	ALBPC6169Q
Passport Number	
Aadhar Number	408854064710
Faculty code given by C.O.E.	7304120
Faculty code given by A.I.C.T.E.	697978831
Date of Birth	26-11-1973
Age	50
I. Particulars of Educational Qualification : (only com	ppleted)

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.	MECHANI CAL ENGINEE RING	2008	OTHERS - VINAYAKA MISSION UNIVERSI TY	OTHERS - VINAYAKA MISSION UNIVERSI TY	78.33	FIRST CLASS	And the second s
P.G.	M.E.	MANUFA CTURING ENGINEE RING	2011	ERODE SENGUNT HAR ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	8.48	FIRST CLASS	

st 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) st

Name of the College	Designation	Joining Date	Relieving Date / Current Date	Experience		
			for Presently Working Institutions	Years	Months	Days
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	OTHERS - LECTURER	12-05-2011	30-06-2012	1	1	20
SRI RAMANATHAN ENGINEERING COLLEGE	OTHERS - LECTURER	01-10-2008	30-08-2009	0	10	30
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2012	26-05-2023	10	10	26
Total				12	11	21

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

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



Signature of the Faculty: