

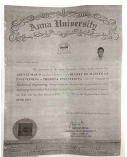


Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. ARUNKUMAR R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	14/22 BHAJANAI MADAM ST,TIRUPUR ROAD
Line 2	KANGEYAM-638701
District	TIRUPPUR
Telephone number	-
Mobile number	+91 - 9944934347
Email	RAK17101989@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BRPPA5551D
Passport Number	
Aadhar Number	985765824512
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	17398575012
Date of Birth	17-10-1989
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	2011	TAMILNADU COLLEGE OF ENGINEERING	ANNA UNIVERSITY	82	FIRST CLASS	
P.G.	M.E.	THERMAL ENGINEERING	2015	OXFORD COLLEGE OF ENGINEERING	ANNA UNIVERSITY	76	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
EXCEL COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	13-07-2015	24-04-2018	2	9	12
KATHIR COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-07-2019	11-03-2021	1	8	10
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-07-2021	26-05-2023	1	10	26
OTHERS - SRI RANGANATHAR INSTITUTE OF POLYTECHNIC COLLEGE	OTHERS - LECTURER	01-07-2011	30-04-2013	1	9	31
Total				8	2	22


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)
----------------------	-------------------------------	---------------------------------------------------	-----------------------------------------------------	------------------------------------------------

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



Signature of the Faculty :