




Name of the College	7304 - ERODE SENGUNTHARENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	ELECTRONICS AND INSTUMENTATION ENGINEERING
Name of the Degree & Course	B.E.- ELECTRONICS AND INSTUMENTATION ENGINEERING
Name of the faculty member	MR. SATHISH E
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	KUMALAN THOTTAM, PERUNDURAI -VIA
Line 2	THUDUPATHI -PO, 638 057
District	ERODE
Telephone number	-
Mobile number	+91 - 9942610373
Email	ESATHISH5@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	FAOPS9079E
Passport Number	
Aadhar Number	280938593077
Faculty code given by C.O.E.	7304148
Faculty code given by A.I.C.T.E.	2185779903
Date of Birth	19-12-1986
Age	37
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.	ELECTRICAL AND ELECTRONICS ENGINEERING	2011	VELALAR COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	6.89	FIRST CLASS	
P.G.	M.E.	CONTROL AND INSTRUMENTATION ENGINEERING	2013	KONGU ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.29	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	03-06-2013	25-02-2023	9	8	23
Total				9	8	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)
7		2	50	

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

Signature of the Faculty :

