





13. Faculty

Name of the College	1131 - VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. BALAKRISHNAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12W-MANGAMMAL SALAI, ELLAPPATTY, MARKAYYAN KOTTAI
Line 2	THENI 625515
District	THENI
Telephone number	-
Mobile number	+91 - 9843948209
Email	BALAKRISHNAN007R@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BQUPB7700H
Passport Number	
Aadhar Number	352129759274
Faculty code given by C.O.E.	1131579
Faculty code given by A.I.C.T.E.	2184571026
Date of Birth	20-05-1990
Age	32
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
P.G.	M.TECH.	OTHERS - POWER ELECTRONICS	2013	OTHERS - VELTECH UNIVERSITY	OTHERS - VELTECH UNIVERSITY	7.2	FIRST CLASS	
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2011	ODAIYAPPA COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	72	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
AKSHAYA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	03-06-2013	31-12-2020	7	6	28
VEL TECH MULTI TECH DR RANGARAJAN DR SAKUNTHALA ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	10-02-2021	11-03-2023	2	1	16
Total				9	8	17

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



Signature of the Faculty :