

**K.S.RANGASAMY COLLEGE OF TECHNOLOGY, TIRUCHENGODE - 637215  
(Autonomous)**

**Faculty Profile**



Salary Statement Not Found ...''

**AICTE ID** : 1-461760569 **College ID** : KSRMCT16  
**Name of the faculty** : S.CHANDRALEKHA  
**Department** : Mechatronics Engineering  
**Designation** : ASSISTANT PROFESSOR  
**Date of Joining** : 06/06/2008  
**Residential Address** : 7/33,PAVADI STREET,GURUSAMPALAYAM POST, RASIPURAM  
TALUK,NAMAKKAL DISTRICT- 637403  
**Contact Nos.** : **Landline** :- **Mobile** : 9942617691  
**E-Mail** : chandralekha@ksrct.ac.in  
**Gender** : Female  
**Community** : ~~OC~~ / ~~BC~~ / MBC / ~~SC~~ / ~~ST~~  
**PAN Number** : AMUPC2002N **Aadhar Number** : 256757464481  
**Date of Birth and Age** : 03/06/1982 & 41 years

**I. Particulars of Educational Qualification** : (only Completed)

Category	Name of the Degree	Specialization	Month & Year of Pass	Name of the College	Name of the University	% of Marks / Grades obtained	Class obtained
UG	B.E	Computer Hardware and Software Engineering	January 2004	Faculty of Engineering, Avinashilingam Deemed University, Coimbatore	Avinashilingam Deemed University, Coimbatore	62.83	Second Class
PG	M.E	Industrial Safety Engineering	June 2006	Mepco Schlenk Engineering College, Sivakasi	Anna University, Chennai	85	First Class With Distinction

\* Enclose copies of certificates and testimonials duly attested by the faculty member and the principal as proof.

**I.a. Additional Qualification** : --

**i.GATE Score (in case of B.E/B.Tech.)**

**ii. NET/SLET (in case of M.C.A./M.Sc./M.A.)**

**II. Title of Ph.D. Thesis \*** : -

**III. Faculty in which Ph.D. was awarded** : -

**IV. Academic Experience as on March,2024 :**

Name of the College	Designation	Date of Joining	Date of Relieving	Experience		
				Years	Months	Days
K.S.Rangasamy College of Technology, Tiruchengode	Assistant Professor	01/06/2010	-	13	10	1
K.S.Rangasamy College of Technology, Tiruchengode	Lecturer	06/06/2008	31/05/2010	1	11	26
<b>Total</b>				<b>15</b>	<b>9</b>	<b>27</b>

**V. Industrial Experience :**

Name of the Organization	Designation	Nature of Work	Date of Joining	Date of Relieving	Experience		
					Years	Months	Days
- Nil -							

**VI. Other Relevant Information : - Nil -**

**Signature of the Faculty**