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

Faculty Profile



Salary Statement Not Found ..."

AICTE ID : 1-461678167 College ID : KSRMECH04

Name of the faculty : Dr.A.MURUGESAN

Department: Mechanical Engineering

Designation : PROFESSOR

Date of Joining : 10/05/1996

Residential Address : 2/214M, K.S.R KALVI NAGAR, VARAPALAYAM, THOKKAVADI

POST, TIRUCHENGODE - 637 215.

Contact Nos. : Landline :- Mobile : 9443090331

E-Mail : murugesana@ksrct.ac.in

Gender : Male

Community : $\frac{OC}{BC} = \frac{BC}{BC} = \frac{SC}{ST}$

PAN Number : AGLPM9212H Aadhar Number : 808794773196

Date of Birth and Age : 15/04/1970 & 54 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	Mechanical Engineering	May 1994	Annamalai University Annamalai University		64.89	First Class
PG	M.E	Thermal Power	Nov 1995	Annamalai University	Annamalai University	63.73	Second Class
Ph.D.	Ph.D	I.C.Engines Alternative Fuels	July 2009		Anna University, Chennai	-	-

^{*} 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.)

Engine

III. Faculty in which Ph.D. was awarded : Mechanical Engineering

IV. Academic Experience as on March,2024

Name of the Callege	Designation	Date of	Date of	Experience		
Name of the College	Designation	Joining	Relieving	Years	Months	Days
K.S.Rangasamy College of Technology, Tiruchengode	Professor	01/08/2009	-	14	8	1
K.S.Rangasamy College of Technology, Tiruchengode	Assistant Professor	01/06/2001	31/07/2009	8	2	1
K.S.Rangasamy College of Technology, Tiruchengode	Senior Lecturer	01/06/1999	31/05/2001	2	0	1
K.S.Rangasamy College of Technology, Tiruchengode	Lecturer	10/05/1996	31/05/1999	3	0	22
Total					10	25

V. Industrial Experience

Name of the C	Name of the Organization	Designation			Date of Relieving	Experience			
Name of the C	organization					Years	Months	Days	
- Nil -									

VI. Other Relevant Information : - Nil -

Signature of the Faculty