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

Faculty Profile



Name of the faculty : S.ANNAPOORANI

Department : Mathematics

Designation : ASSISTANT PROFESSOR

Date of Joining : 14/06/2021

Residential Address : C/O M.R.THIRUPATHI, 69A, GANDHIJI STREET,

MALLASAMUDHRAM(PO), NAMAKKAL(DT) - 637503

Contact Nos. : Landline :- Mobile : 9942220265

E-Mail : annapoorani@ksrct.ac.in

Gender : Female

Community : OC / BC / MBC / SC / ST

PAN Number : AYNPA0732A Aadhar Number : 294209169175

Date of Birth and Age : 09/02/1984 & 40 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.Sc	Mathematics	April 2005	Mahendra Arts and Science College	Periyar University	68.75	First
PG	M.Sc	Mathematics	April 2007	Sri Salem Sowdeeswari College	Periyar University	70.45	First
PG	M.Phil	Mathematics	December 2015	Vivekanandha College of Women	Periyar University	6.58	First

^{*} 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 May,2024

Name of the Callege	D: 4:	Date of	Date of	Experience		
Name of the College	Designation	Joining	Relieving	Years	Months	Days
K.S.Rangasamy College of Technology, Tiruchengode	Assistant Professor	14/06/2021	-	2	11	18
Mahendra Engineering College (Autonomous)-	Lecturer	03/06/2016	22/04/2019	2	10	20
Vivekanandha College of Technology for Women-	Assistant Professor	20/02/2015	11/04/2016	1	2	8
Vivekanandha College of Technology for Women-	Assistant Professor	27/08/2012	15/12/2013	1	4	11
The Salem Polytechnic College-	Lecturer	01/06/2009	23/08/2012	3	2	23
Salem Kongu Polytecnic College-	Lecturer	12/07/2008	16/04/2009	0	9	5
	12	4	25			

V. Industrial Experience

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

VI. Other Relevant Information

: - Nil -

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