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

## **Faculty Profile**



AICTE ID : College ID : KSRMAT45

Name of the faculty : P.M.SARAVANAN

**Department** : Mathematics

**Designation** : ASSISTANT PROFESSOR

**Date of Joining** : 09/10/2023

**Residential Address** : 89/97-A,PENNADAM, VENKATRAMAN STREET, SALEM -636 001.

Contact Nos. : Landline :- Mobile : 9952724697

E-Mail: saravananpm@ksrct.ac.in

Gender : Male

**Community** : OC / BC / MBC / SC / ST

PAN Number : DFIPS3586B Aadhar Number : 916946998275

Date of Birth and Age : 27/06/1983 & 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.Sc	Mathematics	May 2003	Government Arts College,Salem	Periyar University	73.91	First Class
PG	M.Sc	Mathematics	November 2005	Kandaswamy Kandar's College, P.Velur Namakkal	Periyar University	66.45	First Class
PG	M.Phil	Mathematics	August 2007	Periyar University, Salem	Periyar University	64.5	First Class

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

I.a. Additional Qualification : -SLET

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	Dagignation	Date of	Date of	Experience		
Name of the College	Designation	Joining	Relieving	Years	Months	Days
K.S.Rangasamy College of Technology Tiruchengode-	Assistant Professor	09/10/2023	-	0	7	23
Muthayammal Engineering College, Rasipuram-	Associate Professor	01/07/2019	30/09/2023	4	3	0
Muthayammal Engineering College, Rasipuram-	Assistant Professor	01/10/2012	30/06/2019	6	9	0
Muthayammal Engineering College, Rasipuram-	Lecturer	01/07/2007	30/07/2012	5	1	0
			Total	16	8	23

## V. Industrial Experience

Ī	Name of the Organization	Designation		1	Date of Relieving	Experience			
	Name of the Organization					Years	Months	Days	
- Nil -									

VI. Other Relevant Information

: - Nil -