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

Faculty Profile



Name of the faculty : S.SRINIVASAN

Department: Electrical and Electronics Engineering

Designation : ASSISTANT PROFESSOR

Date of Joining : 01/06/1998

Residential Address : 87/17,III FLOOR, PORSELVI APARTMENTS, SANGU NAGAR, ERODE-

638 011.

Contact Nos. : Landline :- Mobile : 9994143687

E-Mail : srinivasan@ksrct.ac.in

Gender : Male

Community : OC/BC/MBC/SC/ST

PAN Number : ANTPS8440E Aadhar Number : 323305858848

Date of Birth and Age : 15/01/1974 & 50 years

I. Particulars of Educational Qualification : (only Completed)

Category	Name of the Degree	Specialization	Month & Year of Pass		Name of the University	% of Marks / Grades obtained	Class obtained
UG	B.E	Electrical and Electronics Engineering	June 1996	Annamalai University,Chidambaram	Annamalai University,Chidambaram	73	First Class
PG	M.E	Power System Engineering	May 2004	Annamalai University,Chidambaram	Annamalai University,Chidambaram	8.95	First Class With Distinction
PG	MBA	Master of Business Administration	May 2000	Periyar University	Periyar University	62	Second Class

^{*} 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	Designation	Date of	Date of	Experience		
Name of the College	Designation	Joining	Relieving	Years	Months	Days
K.S.Rangasamy College of Technology, Tiruchengode	Assistant Professor	01/06/2006	-	18	0	1
K.S.Rangasamy College of Technology, Tiruchengode	Senior Lecturer	01/07/2004	31/05/2006	1	11	1
K.S.Rangasamy College of Technology, Tiruchengode	Lecturer	01/06/1998	30/06/2002	4	1	0
Maharaja Engineering College, Avinashi	Lecturer	01/08/1997	30/04/1998	0	9	0
Total					9	2

V. Industrial Experience

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

VI. Other Relevant Information : - Nil -