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

## **Faculty Profile**



AICTE ID	:	1-9315426984	College ID : KSRIT60			
Name of the faculty	:	P.KEERTHANA				
Department	:	Information Technology				
Designation	:	ASSISTANT PROFESSOR				
Date of Joining	:	01/08/2023				
Residential Address	:	21/2, WEAVERS COLONY, KOZILIKALNATHAM ROAD, TIRUCHENGODE(TK), NAMAKKAL(DT) - 637 211.				
Contact Nos.	:	Landline :-	<b>Mobile :</b> 9677805384			
		E-Mail : keerthanap@ksrct.ac.in				
Gender	:	Female				
Community	:	OC / BC / MBC / SC / ST				
PAN Number	:	EODPK7857C	<b>Aadhar Number :</b> 750600025436			
Date of Birth and Age	:	05/04/1994 & 30 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.Tech	Information Technology	April 2015	K.S.R.Institute for Engineering and Technology	Anna University	69	First Class
PG	M.E	Computer Science and Engineering	May 2017	K.S.Rangasamy College of Technology	Anna University	89	First Class With Distinction

\* *Enclose copies of certificates and testimonials duly attested by the faculty member and the principal as proof.* La. Additional Oualification : --

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

Nome of the College	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	01/08/2023	-	0	10	1
K.S.R.Institute For Engineering and Technology, Tiruchengode	Assistant Professor	09/12/2019	31/05/2023	3	5	23
Sri Shanmugha College of Engineering and Technology-	Assistant Professor	06/09/2017	17/12/2019	2	3	12
	6	7	6			

## V. Industrial Experience

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

VI. Other Relevant Information

: - Nil -

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