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

Faculty Profile



Name of the faculty : K.SARAVANAN

Department : Information Technology

Designation : ASSISTANT PROFESSOR

Date of Joining : 17/12/2021

Residential Address : 7/41-1, APPIYA PATTY, VATTUR, TIRUCHENGDE, NAMAKKAL - 637205

Contact Nos. : Landline :- Mobile : 9677551893

E-Mail: saravanank@ksrct.ac.in

Gender : Male

Community : OC / BC / MBC / SC / ST

PAN Number : DFEPS3398M Aadhar Number : 907388200944

Date of Birth and Age : 11/10/1989 & 34 years **I. Particulars of Educational Qualification** : (only Completed)

| Categ | 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 2011 | SELVAM COLLEGE OF TECHNOLOFY | ANNA UNIVERSITY, COIMBATORE | 7.8 | First Class |
| PG | M.E | Computer Science and Engineering | November 2014 | KNOWLEDGE INSTITUTE OF TECHNOLOGY | ANNA UNIVERSITY | 7.6 | First 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 Joining | Date of Relieving | Experience | | |
|--|------------------------|--------------------|----------------------|------------|--------|------|
| Name of the College | | | | Years | Months | Days |
| K.S.Rangasamy College of Technology, Tiruchengode | Assistant Professor | 17/12/2021 | - | 2 | 5 | 15 |
| | | • | Total | 2 | 5 | 15 |

V. Industrial Experience

| Ī | Name of the Organization | Designation | Nature of | Date of | Date of | Experience | | | |
|---|--------------------------|-------------|-----------|---------|-----------|------------|--------|------|--|
| | Name of the Organization | | Work | Joining | Relieving | Years | Months | Days | |
| Ī | - Nil - | | | | | | | | |

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VI. Other Relevant Information : - Nil -