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

#### **Faculty Profile**



AICTE ID : 1-43368953380 College ID: KSRMBA38

Name of the faculty : Dr.M.MOHANRAJ

: Master of Business Administration **Department** 

Designation ASSISTANT PROFESSOR

**Date of Joining** : 02/12/2022

**Residential Address** 5/152, MURASUKUTTAI, KUCHIPALAYAM(PO), TIRUCHENGODE - 637

Contact Nos. : Landline **Mobile** : 8807515919

> E-Mail : mohanrajm@ksrct.ac.in

Gender : Male

: OC/BC/MBC/SC/ST Community

**PAN Number** : CXZPM5314B Aadhar Number: 481178342524

Date of Birth and Age 23/09/1992 & 32 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.B.A	Business Administration	April 2014	K.S.R College of Arts and Science	Periyar University	80	First Class With Distinction
PG	MBA	Marketing and Human Resource	April K.S.R College of and Science		Periyar University	81	First Class With Distinction
Ph.D.	Ph.D	Marketing	March 2021	K.S.R College of Arts and Science	Periyar University	-	-

<sup>\*</sup> 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. Title of Ph.D. Thesis \*

ii. NET/SLET (in case of M.C.A./M.Sc./M.A.)

Customer Perception towards marketing mix elements of organic food products : -A study in rural districts of Tamilnadu.

: Marketing III. Faculty in which Ph.D. was awarded

# IV. Academic Experience as on January,2025

Name of the Callege	Designation	Date of	Date of	Experience		
Name of the College		Joining	Relieving	Years	Months	Days
K.S.Rangasamy College of Technology, Tiruchengode	Assistant Professor	02/12/2022	-	2	2	0
K.S.Rangasamy College of Arts and Science	Assistant Professor	01/09/2021	30/11/2022	1	3	0
Total					5	0

# V. Industrial Experience

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

#### VI. Other Relevant Information

: - Nil -

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