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

## **Faculty Profile**



Anna University ID : 311640

Name of the faculty : K.KIRUTHIKA

**Department** : Master of Computer Applications

**Designation** : ASSISTANT PROFESSOR

**Date of Joining** : 03/05/2023

Residential Address : 8/1187, A/2, A.K.ILLAM, E.B.COLONY, MANAPPALLAM, LAKSHMI

NAGAR, BAVANI - 638 304

Contact Nos. : Landline :- Mobile : 9842661683

E-Mail : kiruthikak@ksrct.ac.in

Gender : Female

Community : OC / BC / MBC / SC / ST

PAN Number : BHYPK1102M Aadhar Number: 987260367260

**Date of Birth and Age** : 31/08/1980 & 44 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	April 2000	Maharaja College for Women	Bharathiyar University	75	First Class
PG	MCA	Master of Computer Applications	April 2003	Distance Education	Bharathidasan University	76	First Class
PG	M.Phil	Computer Science	June 2005	Gopi Arts and Science	Bharathiyar University	76	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 :

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 July,2025

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	Assistant Professor	20/01/2025	-	0	6	12
Vellalar College for Women	Assistant Professor	16/08/2017	29/04/2023	5	8	14
K.S.Rangasamy College of Arts and Science	Assistant Professor & Head	01/06/2007	12/04/2017	9	10	12
Muthayammal College of Arts and Science	Lecturer	06/06/2005	30/04/2007	1	10	25
Total					0	3

### V. Industrial Experience

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

: - Nil -

#### VI. Other Relevant Information