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

Faculty Profile



Anna University ID : 280844

Name of the faculty : Dr.P.SUTHANTHIRA KUMAR

Department : Physics

Designation : ASSISTANT PROFESSOR

Date of Joining : 03/06/2022

Residential Address : 4/133, KURUMBAPATTI, SENDURAI(PO), NATHAM(TK), DINDIGUL-

624 40

Contact Nos. : Landline :- Mobile :9500825738

E-Mail : suthanthirakumar@ksrct.ac.in

Gender : Male

Community : $\frac{OC}{BC} / \frac{SC}{ST}$

PAN Number : HECPP3928B Aadhar Number : 731462998590

Date of Birth and Age : 07/03/1989 & 36 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	Physics	April 2009	Bishop Heber College, Trichy	Bharathidasan University	74.5	First Class
PG	M.Sc	Physics	June 2011	The American college, Madurai	Madurai Kamaraj University 68		First Class
PG	M.Phil.	Physics	April 2013	Anna University, Chennai	Anna University, Chennai	80	First Class
Ph.D.	Ph.D	Physics	December 2020	The Gandhigram Rural Institute-DU,Gandhigram	The Gandhigram Rural Institute-DU	-	-

^{*} 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.)

Synthesis, Structural and Spectroscopic Investigations on Dy3+, Sm3+, Pr3+, : Eu3+, Er3+ and Er3+/Yb3+ Ions doped Zinc telluro-fluoroborate based glasses

for Photonic Applications

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

IV. Academic Experience as on May,2025

Name of the College	Designation	Date of	Date of Relieving	Experience		
Name of the College	Designation	Joining		Years	Months	Days
K.S.Rangasamy College of Technology, Tiruchengode	Assistant Professor	03/06/2022	-	2	11	29
			Total	2	11	29

V. Industrial Experience

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

VI. Other Relevant Information : - Nil -