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

Faculty Profile



Anna University ID : 269880

Name of the faculty : S.VANCHINATHAN

Department : Physics

Designation : ASSISTANT PROFESSOR

Date of Joining : 04/09/2017

Residential Address : RESI ADDRESS 4/127 KAMARAJPETTAI, SUNJALNATHAM(PO),

PENNAGARAM (TK), DHARMAPURI (DT) PIN-636810

Contact Nos. : Landline :- Mobile : 9788811777

E-Mail : vanchinathan@ksrct.ac.in

Gender : Male

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

PAN Number : APVPV3402P Aadhar Number : 933844876892

Date of Birth and Age : 07/06/1984 & 40 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 2004	Government Arts College, Ooty	Bharathiyar University, Coimbatore	62.50	First Class	
PG	M.Sc	Physics	April 2007	Government Arts College, Dharmapuri	Periyar university, Salem.	66.25	First Class	
PG	M.Phil	Physics	July 2010	Annamalai University, Chidamparam	Annamalai University, Chidamparam	8.13	First Class With Distinction	

^{*} 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,2025

Name of the Callege	Dagiamatiam	Date of	Date of	Experience		
Name of the College	Designation	Joining	Relieving	Years	Months	Days
K.S.Rangasamy College of Technology, Tiruchengode	Assistant Professor	04/09/2017	-	7	8	28
Erode Builders Engineering College, Kangeyam	Assistant Professor	02/07/2012	02/09/2017	5	2	1
Knowledge Institute Of Technology, Salem	Assistant Professor	16/05/2011	20/06/2012	1	1	5
J.K.K Munirajah College Of Technology, Gobi	Lecturer	23/09/2009	08/01/2011	1	4	14
	15	4	18			

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 -