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

Faculty Profile



AICTE ID : 1-10595074329 College ID: KSRPHY23

Name of the faculty : Dr.M.MALARVIZHI

Department Physics

Designation ASSISTANT PROFESSOR

Date of Joining : 16/07/2021

Residential Address W/O M.GOBI SANKAR, E-134, KOOTAPALLI COLONY,

TIRUCHENGODE, NAMAKKAL(DT)-637214

Contact Nos. Landline **Mobile** : 9095792265

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

Gender : Female

Community : OC/BC/MBC/SC/ST

PAN Number : DGJPM3131A **Aadhar Number:** 907767146404

Date of Birth and Age 27/04/1983 & 41 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 2003	Vellalar College for Women,Erode	Bharathiar University	82	First Class With Distinction
PG	M.Sc	Physics	April 2005	Seetha Lakshmi Ramasamy College,Trichy	Bharathidasan University	83	First Class With Distinction
PG	M.Phil	Physics	April 2006	Madurai Kamaraj University, Madurai	Madurai Kamaraj University	67	First Class
Ph.D.	Ph.D	Physics	December 2021	Chikkaiah Naicker College,Erode	Bharathiyar University		-

^{*} 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.)

Synthesis characterization electrochemical evaluation of biomass -derived II. Title of Ph.D. Thesis *

activated carbon and metal ferrites for high performance supercapacitor

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

IV. Academic Experience as on May,2024

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, Tiruchengode	Assistant Professor	16/07/2021	-	2	10	16
Vivekanandha College of Arts and Sciences for Women-	Assistant Professor	29/05/2006	27/10/2015	9	5	1
Total					3	17

V. Industrial Experience

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

VI. Other Relevant Information

: - Nil -

: