



Name of the College	7377 - K S RANGASAMY COLLEGE OF TECHNOLOGY (AUTONOMOUS)
Faculty ID	306870
Name of the Department	TEXTILE TECHNOLOGY
Name of the Degree & Course	B.TECH.-TEXTILE TECHNOLOGY
Name of the faculty member	MR. THIYAGARAJAN J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO.3,KALAIVANAR STREET,P.METTUPALAYAM
Line 2	ERODE,638315
District	ERODE
Telephone number	
Mobile number	+91 - 9865979790
Email	JTRANJANITEX@YAHOO.COM
Gender	MALE
Community	BC
PAN Number	AXZPT1242M
Passport Number	
Faculty code given by C.O.E.	7377622

Faculty code given by A.I.C.T.E.	1-1-7499313291
Date of Birth	05-05-1977
Age	47
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (YIN)	Class obtained	Certificate
U.G.	B.TECH.	TEXTILE CHEMIST	2006	SSM COLLEGE OF ENGINEERING	ANNA UNIVERSITY	65	FIRST CLASS	
	M.TECH.	TEXTILE TECHNOLOGY (WITH SPECIALIZATION IN TEXTILE CHEMIST)	2011	SSM COLLEGE OF ENGINEERING	ANNA UNIVERSITY	68	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

La. Additional Qualification NO ADDITIONAL QUALIFICATION

Score :

File :

11. Title of Ph.D. Thesis

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III. Faculty in which Ph.D. was awarded

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IV. Academic Experience :  
( Start from the Current working Experience ) \*

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
K S RANGASAMY COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	01-08-2019	Till date	4	6	-

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Examination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

