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

## **Faculty Profile**



AICTE ID : College ID : KSRMAT32

Name of the faculty : M.ARUNMOZHI

**Department** : Mathematics

**Designation** : ASSISTANT PROFESSOR

Date of Joining : 29/06/2011

Residential Address : D/O C. MANOHARAN 4/307 PUTHU THERU, IYNDUPANAI,

KADACHANALLUR(PO), TIRUCHENGODE(TK), NAMAKKAL-638008

Contact Nos. : Landline : Mobile : 9842318660

E-Mail : arunmozhi@ksrct.ac.in

Gender : Female

Community :  $\frac{OC}{BC} = \frac{ABC}{SC} = \frac{SC}{ST}$ 

PAN Number : AUVPA4452H Aadhar Number : 398298640904

Date of Birth and Age : 01/19/1987 & 37 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 2007	Vivekanandha College of Arts and Sciences for Women, Tiruchengode	Periyar University, Salem	76	First Class With Distinction
PG	M.Sc	Mathematics	April 2009	Kongu Arts and Science College, Erode	Bharathiyar University, Coimbatore	82.33	First Class
PG	M.Phil	Mathematics	January 2011	Kongunadu Arts and Science College, Coimbatore	Bharathiyar University, Coimbatore	65	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 May,2024

Name of the College	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	29/06/2011	-	12	11	3
Akshaya College of Engineering and Technologgy, Coimbatore	Lecturer	08/11/2010	25/06/2011	0	7	18
Total					6	21

## 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 -

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