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

Faculty Profile



Name of the faculty : V.THIVYA

Department : Mathematics

Designation : ASSISTANT PROFESSOR

Date of Joining : 25/10/2021

Residential Address : 2/285 SPK NAGAR, VARUGOORAMPATTY, ANDIPALAYAM(PO),

TIRUCHENGODE - 637 214.

Contact Nos. : Landline :- Mobile : 7373027227

E-Mail : thivya@ksrct.ac.in

Gender : Female

Community : OC / BC / MBC / SC / ST

PAN Number : AOKPT1998J Aadhar Number : 769911168025

Date of Birth and Age : 15/06/1986 & 38 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 2006	Navarasam Arts and Science College	Bharathiar University	72	First
PG	M.S	Mathematics	April 2008	Navarasam arts and science college	Bharathiar University	75	First
PG	M.Phil	Mathematics	December 2009	Navarasam Arts And Science College	Bharathiar University	72	First

^{*} 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

Nome 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	25/10/2021	-	2	7	7
Vidyaa Vikas College of Engineering & Technology-	Assistant Professor	28/12/2015	30/09/2021	5	9	3
K.S.R.Institute For Engineering and Technology, Tiruchengode	Assistant Professor	04/06/2012	26/05/2015	2	11	23
Vidyaa Vikas College of Engineering & Technology-	Lecturer	11/06/2010	30/07/2011	1	1	20
JKK Munirajah College of Technology-	Lecturer	05/08/2009	02/06/2010	0	10	2
		•	Total	13	3	25

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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