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

Faculty Profile



Anna University ID : 271005

Name of the faculty : G.MOHAN

Department : Mathematics

Designation : ASSISTANT PROFESSOR

Date of Joining : 01/09/2005

Residential Address : 23,SRI SELVAM NAGAR EXTENSION, VEERAPPAM PALAYAM PIRIVU,

THINDAL (PO), ERODE - 638 012.

Contact Nos. : Landline :- Mobile : 9597199771

E-Mail: mohang@ksrct.ac.in

Gender : Male

Community : OC/BC/MBC/SC/ST

PAN Number : AMNPM0860F Aadhar Number : 767826331496

Date of Birth and Age: 02/10/1970 & 54 yearsI. 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 1991	Chikkaiah Naicker College, Erode	Bharathiar University, Coimbatore	68	First Class
PG	M.Sc	Mathematics	May 1993	P.S.G. College of Arts and Science, Coimbatore	Bharathiar University, Coimbatore	62	First Class
PG	M.Phil	Mathematics	September 2013		Gandhigram Rural University, Dindigul	76	First Class

^{*} Enclose copies of certificates and testimonials duly attested by the faculty member and the principal as proof.

I.a. Additional Qualification : -SLET

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 April,2025

Name of the College	Designation	Date of	Date of	Experience		
Name of the Conege	Designation	Joining	Relieving	Years	Months	Days
K.S.Rangasamy College of Technology, Tiruchengode	Assistant Professor	01/06/2010	-	14	11	0
K.S.Rangasamy College of Technology, Tiruchengode	Senior Lecturer	01/07/2008	31/05/2010	1	11	1
K.S.Rangasamy College of Technology, Tiruchengode	Lecturer	01/09/2005	30/06/2008	2	10	0
K.S.Rangasamy Institute of Technology, Tiruchengode	Sr. Lecturer	12/06/1996	31/08/2005	9	2	20
	28	10	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 -