

REGISTRATION FORM



1. Name	:	Dr. Ravi Kumar L
2. Qualification	:	ME, PhD
3. Experience (Years)	:	
a. Teaching	:	17 Years
b. Research	:	10 Years
c. Industry	:	02 Years
4. Designation	:	Assistant Professor
5. Department	:	Mechanical Engineering
6. College	:	BMS College of Engineering
7. Address	:	Dept of Mechanical Engineering,
a. Office	:	Bull Temple Road, BANGALORE – 560 019.
b. Residence	:	No. 16, 1 st Floor, 2 nd Main, Khadi Layout, Vivekananda Nagar, BSK 3 rd Stage, BANGALORE – 560 085.
c. E-Mail ID	:	ravibmsce@yahoo.com , lrkmech@gmail.com
d. Contact No:	:	94487 69345, 26691213 (R)
8. Area of Expertise	:	Mechanical Engineering Design Structural Dynamics
9. Distinctions if any	:	