

## FACULTY INFORMATION



**Name** : Dr.Prajwalli Reddy  
**Date of Birth & Age** : 12.08.1975 (41Years)  
**Present Designation** : Assistant Professor  
**Department** : Ophthalmology  
**College** : Mahadevappa Rampure Medical College,  
**City** : Kalaburagi  
**Residential Address of Employee** : E/10/1374, E/10/1351 to E/10/1495/A  
T1, Bhagyalaxmi Residency,  
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Kalaburagi  
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**E-mail Address** : Prajwalli\_reddy@yahoo.com  
**Mobile Number** : 9900837887  
**Date of joining present institution** : 22.01.2009

### Qualification :

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	BLDEA's Shri B.M.Patil Medical College, Bijapur	Karnataka University Darwad	1999	52323, 13.05.1999	Karnataka Medical Council
M.S.(Ophtho)	Mahadevappa Rampure Medical College, Kalaburagi	Gulbarga University Gulbarga	2003	20323, 17.02.2009	Karnataka Medical Council

**Details of the previous appointment/teaching experience:**

Qualification	Department	Name of institution	From DD/MM/YY	To DD/MM/YY	Total Experience in Year & months
M.S.	Ophthalmology	Mahadevappa Rampure Medical College Kalaburagi	22.1.2009	Till Date	7 Years 10 Months

**Achievements :**

**Award :**

**Guest Speaker :**

**Paper presentation :**

1. National :

2. International :

3. State :

4. Others :

**Poster presentation :**

**Publications :**

1. Indexed : 02

2. Non Indexed :

3. Original Article :

4. Case Report :

**Other specify :**