

FACULTY INFORMATION



Name : Dr.Pramod B. Itagi
Date of Birth & Age :07.06.1964
Present Designation : Prof&HOD
Department :Orthopaedics
College :M R Medical College
City :Kalaburagi
Residential Address of employee :Dr.Pramod Itagi Court to S B Temple Road
Kalaburagi 585102

Contact Particulars : Tel(Office) : 08472-220307
E-mail address :pramodortho123@gmail.com
Mobile Number :09449630009

Date of joining present institution :09/11/1994

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	MRMC	GUG	1991	32761/22.10.1991	KMC
MS	JJMC	KUMPU University	1999	32761/08.06.1999	KMC

Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Asst.Prof	Orthopaedics	MRMCG	09.11.1994	14.12.2006	12Yrs.1m
Asso.Prof	Orthopaedics	MRMCG	15.12.2006	31.01.2011	5Yrs.1m
Professor	Orthopaedics	MRMCG	01.02.2011	31.06.2016	5yrs 4m
Prof&HOD	Orthopaedics	MRMCG	01.07.2016	Till Date	5 months

Achievements : Nil
Awards : Nil
Guest Speaker : Nil
Paper presentation : Nil
 1. National : Nil
 2. International : Nil
 3. State : Nil
 4. Others : Nil
Poster presentation : Nil
Publications : Nil
 1. Indexed : 02
 2. Non Indexed : Nil
 3. Original Article : Nil
 4. Case Report : Nil
Other specify : Nil