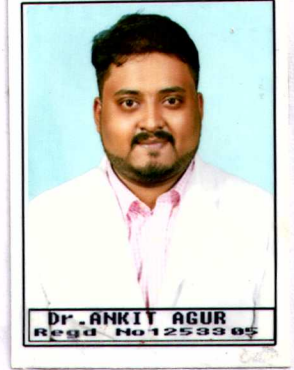


FACULTY INFORMATION

Name : Dr.Ankit.Agur
Date of Birth & Age :21.04.1988 28.yrs
Present Designation : Asst.Prof
Department :Orthopaedics
College :M R Medical College
City :Kalaburagi
Residential Address of employee :Flat NO. 8 3RD Flore Araya Enclave
Pragati Colony Kalaburagi 585102



Contact Particulars : Tel(Office) : 08472-220307
E-mail address :drankitagur@gmail.com
Mobile Number :09686810807

Date of joining present institution :13.08.2016

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	SVSMC	NTRUHS	2010	72394/16.06.2011	TSMC
MS	SVSMC	NTURHS	2015	72394/04.08.2016	TSMC

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
Resident	Orthopaedics	SVSMC MBNR	21.04.2012	20.04.2015	3Yrs.
Asst.Prof	Orthopaedics	MRMCG	12.08.2016	Till Date	5months

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	: Nil
2. Non Indexed	: Nil
3. Original Article	: Nil
4. Case Report	: Nil
Other specify	: Nil