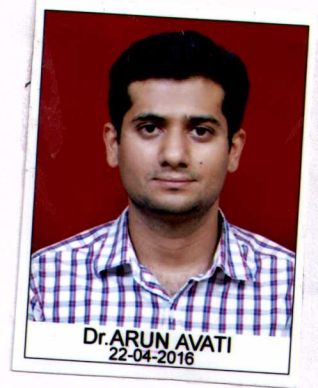


## FACULTY INFORMATION

Name : Dr.Arun.Avati  
Date of Birth & Age : 22.07.1982 34.yrs 5.months  
Present Designation : Sr,Resident  
Department : Orthopaedics  
College : M R Medical College  
City : Kalaburagi  
Residential Address of employee : Room NO.204 BTGH PG Boys Hostel  
Kalaburagi 585105



Contact Particulars : Tel(Office) : 08472-220307  
E-mail address : araunjavati@gmail.com  
Mobile Number : 07829154241

Date of joining present institution : 27-03-2015

### Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	MRMC	RGUHS	2006	77608/08.06.2007	KMC
D.Ortho	MRMC	RGUHS	2010	77608/02.08.2011	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
Resident	Orthopaedics	MRMCG	30.05.2008	29.05.2010	2Yrs.
Jr Resident	Orthopaedics	Care.Hosp Hyd	28.04.2011	27.04.2013	2Yrs.
Jr.Resident	Orthopaedics	MRMCG	27.03.2015	26.03.2016	1yrs
Sr.Resident	Orthopaedics	MRMCG	27.03.2016	TillDate	8 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** : Nil  
    **2. Non Indexed** : Nil  
    **3. Original Article** : Nil  
    **4. Case Report** : Nil  
**Other specify** : Nil