

FACULTY INFORMATION



Name : Dr.Lavakumar.Loya
Date of Birth & Age :27.09.1980 36 yrs
Present Designation : Asst.Prof
Department :Orthopaedics
College :M R Medical College
City :Kalaburagi
Residential Address of employee :Plot No.51&52 Vivekananda.Nagar Khuba Plot
Kalaburagi 585102

Contact Particulars : Tel(Office) : 08472-220307
E-mail address :lavakumarloya@gmail.com
Mobile Number :9739191500

Date of joining present institution :25.07.2008

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	MRMCG	RGUHS	2002	67330/09.04.2004	KMC
MS	MRMCG	RGUHS	2008	67330/23.06.2008	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	30.05.2005	29.04.2008	3Yrs.
Asst.Prof	Orthopaedics	MRMCG	26.07.2008	Till Date	8Yrs.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	: 02
2. Non Indexed	: Nil
3. Original Article	: Nil
4. Case Report	: Nil
Other specify	: Fellowship in Lower limb Arthroscopy