

## FACULTY INFORMATION

Name : Dr.Santosh.V.S.  
Date of Birth & Age :22.07.1975 41.yrs 7 months  
Present Designation : Sr Resident  
Department :Orthopaedics  
College :M R Medical College  
City :Kalaburagi  
Residential Address of employee :H NO.10-3-91 Vital Nagar 7<sup>th</sup> Cross  
Behind Rotary School Kalaburagi 585102



Contact Particulars : Tel(Office) : 08472-220307  
E-mail address :docshegedar@yahoomil.com  
Mobile Number :09480265050

Date of joining present institution : 21-02-2009

### Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	BLDE	KUD	1999	5904/31.03.2001	KMC
D.Ortho	MRMCG	RGUHS	2004	5904/05.07.2007	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
Jr Resident	Orthopaedics	MRMCG	31.03.2012	29.03.2004	2Yrs.
Jr Resident	Orthopaedics	NMC Raichur	05.09.2007	13.02.2009	1Yrs.5m
Sr Resident	Orthopaedics	MRMCG	21.02.2009	Till Date	7yrs 9m

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