

## FACULTY INFORMATION

**Name** : Dr. Rajshekhar.S.J.  
**Date of Birth & Age** : 10. 10.1970 ( 46 yrs 1 M )  
**Present Designation** : Professor  
**Department** : Pathology  
**College** : M.R.Medical College,  
**City** : Kalaburagi  
**Residential Address of** : E1/6381/1  
 Behind Chandrashekhar Stadium,  
 Bank Colony, Kalaburagi. 585 102.  
**Contact particulars** : Tel ( Office) 08472-220307  
 : E-Mail Address: sai.drroj@gmail.com  
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**Date of joining present Institution** : 02-12-1998 As Asst. Professor

**Qualification.** : MBBS. MD

Qualification	College	University	Year	Registration of UG & PG with date	Name of the State Medical Council
<u>MBBS</u>	M.R.Medical College, Kalaburagi	GUG Uni.	March 1993	35413 20.03.1993	KMC
<u>MD Pathology</u>	M.R.Medical College, Kalaburagi	GUG	Nov. 1998	35413 20.12.2004	KMC

Details of the previous appointments/teaching experience.

Designation	Department	Name of the Institution	From DD/MM/YY	To DD/MM/YY	Total Experience In years & months
AssistantProfessor		M.R.Medical College, Kalaburagi	02.12.1998	30.11.2006	8 yrs 0 M
Associate Professor		M.R.Medical College, Kalaburagi	01.12.2006	29-02-2012	5 yrs 3 M
Professor		M.R.Medical College, Kalaburagi	01-03-2012	Till Date	4 Yr. 9 M

Achievements	:	-
Awards	:	-
Guest Speaker	:	-
Paper presentation	:	-
01. National	:	-
02. International	:	-
03. State	:-	-
04. Others	:-	-
Poster presentation	:	-
Publications	:	01
01. Indexed	:	01
02. Non Indexed	:	-
03. Original Article	:	-
04. Case report	:	04
Other specify	:	-