

FACULTY INFORMATION



Name : Dr. GOVIND.MALU
Date of Birth & Age : 13.03.1959 (57)
Present Designation : SENIOR RESIDENT
Department : PEADIATEICS
College : M.R.MEDICAL COLLEGE
City : KALABURAGI
Residential Address of employee : DR.GOVIND.MALU CHILDREN HOSPITAL
KIRANA BAZARA KALABURAGI
Contact Particulars : Tell(office) : 08472-220307
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Mobile Number : 9448133964

Date of Joining present institution **01.11.1994** as **Senior Resident**.

Qualifications: MBBS

Qualification	College	University	Year	Registration No.of UG & PG with date	Name of the state Medical Council
MBBS	M.R.Medical college.	GUG	08.04.1984	23354 12.10.1984	KMC
D.C.H	M.R.Medical college.	GUG	30.12.1987	23354 01.02.2005	KMC

Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From	To	Total Experience in years& Months
Senior Resident	PEADIARTICS	M.R.M.C	01.11.1994	Till date	22 yrs

Achievements :

Awards :

Guest Speaker :

Paper Presentation :

1. National :

2. International :

3. State :

4. Others :

Poster Presentation :

Publications :

1. Indexed :

2. Non Indexed :

3. Original Article :

4. Case Report :

Other specify

Ghazali