

## **FACULTY INFORMATION**



**Name** : Dr. HOSGOUDA.KIRAN  
**Date of Birth & Age** : 04.09.1985 (31)  
**Present Designation** : ASSISTANT PROFESSOR  
**Department** : PAEDIATRICS  
**College** : M.R.MEDICAL COLLEGE  
**City** : KALABURAGI  
**Residential Address of employee** : Dr.Hosgouda Kiran s/o Shivashankar.  
Hosgouda\_H.NO-4-846.Maktampur.Kalaburgi.  
**Contact Particulars** : **Tell(office)** : 08472-220307  
**E-mail address** : kirans\_kims@yahoo.co.in  
**Mobile Number** : 8197129459

**Date of Joining present institution** : **14.11.2014** as **Assistant Professor**

**Qualifications: MBBS**

Qualification	College	University	Year	Registration No.of UG & PG with date	Name of the state Medical Council
MBBS	KIMS HUBLI	KIMS.HUBLI RGUHS.	March 2009	82844 16.03.2009	KMC
MD	M.R.M.C	M.R.Medical college. RGUHS	May 2012	82844 16.03.2009	KMC

**Details of the previous appointments/teaching experience**

Designation	Department	Name of Institution	From	To	Total Experience in years& Months
SENIOR RESIDENT	PAEDIATRICS	IGICH	01.07.2012	25.03.2013	8M.25 Day
ASST.PROF	PAEDIATRICS	M.R.M.C	14.11.2014	Till date	2 Yr.1M

**Achievements** :

**Awards** :

**Guest Speaker** : **01**

**Paper Presentation** :

1. **National** :

2. **International** :

3. **State** :

4. **Others** :

**Poster Presentation** : **03**

**Publications** :

1. **Indexed** : **01**

2. **Non Indexed** :

3. **Original Article** :

4. **Case Report** :

**Other specify**

Kiran. S. H