

## FACULTY INFORMATION



**Name** : Dr. KUDLAPPA .ANGADI  
**Date of Birth & Age** : 24.08.1985 (31Yr.2M)  
**Present Designation** : ASSISTANT PROFESSOR  
**Department** : PAEDIATRICS  
**College** : M.R.MEDICAL COLLEGE  
**City** : KALABURAGI  
**Residential Address of employee** : Dr.Kudlappa Angadi s/o Prabhulingappa.

H.No -9-953/8A. S.B.Temple to Supermarket Road,  
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**Date of Joining present institution** : **18.11.2014** as **Assistant Professor**

**Qualifications: MBBS**

Qualification	College	University	Year	Registration No.of UG & PG with date	Name of the state Medical Council
MBBS	M.R.Medical college. RGUHS	M.R.Medical college. RGUHS	March 2010	88676 28.05.2010	KMC
MD	M.R.Medical college. RGUHS	M.R.Medical College. RGUHS	May 2014	88676 28.05.2010	KMC

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

Designation	Department	Name of Institution	From	To	Total Experience in years& Months
ASST.PROF	PAEDIATRICS	M.R.M.C	18.11.2014	Till date	2 Yr.1M

**Achievements** :

**Awards** :

**Guest Speaker** : 1 south zone pedicon, 1 state critical care conference and 5 CMEs

**Paper Presentation** :

1. **National** :

2. **International** :

3. **State** :

4. **Others** :

**Poster Presentation** :

**Publications** :

1. **Indexed** :

2. **Non Indexed** : 1

3. **Original Article** :

4. **Case Report** :

**Other specify**

