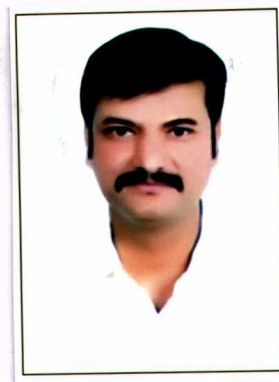


## FACULTY INFORMATION



**Name** : Dr. SHARANKUMAR.K  
**Date of Birth & Age** : 07.05.1969 (47)  
**Present Designation** : SENIOR RESIDENT  
**Department** : PAEDIATRICS  
**College** : M.R.MEDICAL COLLEGE  
**City** : KALABURAGI  
**Residential Address of employee** : Dr.Sharankumar. k. H.NO 42 Vijaya nagar colony  
Aland Road kalaburgi.585101.  
**Contact Particulars** : **Tell(office)** : 08472-220307  
**E-mail address** : dr.sharan69@gmail.com  
**Mobile Number** : 9886644060

**Date of Joining present institution** **29.06.2012** 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. Gulbarga University.	GUG	1997	48077	KMC
D.C.H	C.P.S MUMBAI	C.P.S Mumbai	April 2011	48077	KMC

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

Designation	Department	Name of Institution	From	To	Total Experience in years& Months
Senior Resident	PAEDIATRICS	M.R.M.C	29.06.2012	Till date.	4 Yr.4M

**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**