

## **FACULTY INFORMATION**



**Name** : DR.SHIVANAND.S.BHIMALLI  
**Date of Birth & Age** : 15-01-1967.( 49yr.9M)  
**Present Designation** : PROFESSOR  
**Department** : PAEDIATRICS  
**College** : M.R.MEDICAL COLLEGE  
**City** : KALABURAGI  
**Residential Address of employee** : Dr.Shivanand.S.Bhimalli.  
H.NO.4-847,Maktampur. Kalaburgi. 585101  
**Contact Particulars** : **Tell(office)** : 08472-220307  
**E-mail address** : drbhimalli@hotmail.com  
**Mobile Number** : 9448123092

**Date of Joining present institution** : **12-12-1994** 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.M.C	GUG	1990	.32313 22.08.1991	KMC
MD	M.R.M.C	GUG	1994	32313	KMC

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

Designation	Department	Name of Institution	From	To	Total Experience in years& Months
ASST.PROF	PEADIARTICS	M.R.M.C	14.10.1998	02.10.2007	9 Yr
ASSO.PROF	PEADIARTICS	M.R.M.C	03.10.2007	03.09.2015	8 Yr
PROFESSOR	PEADIARTICS	M.R.M.C	03.09.2015	Till date	1 Yr 2M

**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** :