

FACULTY INFORMATION

Name : Dr. SHIVAKUMAR.SANGOLGI
Date of Birth & Age : 12.12.1967 (49)
Present Designation : SENIOR RESIDENT
Department : PEADIATEICS
College : M.R.MEDICAL COLLEGE
City : KALABURAGI
Residential Address of employee : Dr.Shivakumar .Sangolgi.
H.No-1495/38.Godutai nagar.Kalaburgi.



Contact Particulars : Tell(office) : 08472-220307
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Date of Joining present institution **23.01.2009** 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	20.09.1994	41925	KMC
D.C.H	M.R.Medical college.	GUG	13.07.1999	41925	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	23.01.2009	Till date	7 Yr.9M

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

Srinivas