

## FACULTY INFORMATION



Name : Dr. VEERESH.INGLESHWAR

Date of Birth & Age : 15.09.1984 (32)

Present Designation : ASSISTANT PROFESSOR

Department : PAEDIATRICS

College : M.R.MEDICAL COLLEGE

City : KALABURAGI

Residential Address of employee : employee Dr.Veeresh Ingleshwar.s/o Shivanand Ingleshwar. R/o Wadi (JN).Market road.wadi.\_TQ-Chittapur.DIST-Kalaburgi.

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Date of Joining present institution : **01.12.2014** 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	R.G.U.H.S	March 2009	84854 07.05.2009	KMC
MD	Navodaya Medical college. RGUHS	R.G.U.H.S	May 2012	84854 12.02.2013	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	01.12.2014	Till date	2 Yr.

**Achievements** :

**Awards** :

**Guest Speaker** :

**Paper Presentation** :

1. **National** :

2. **International** :

3. **State** :

4. **Others** :

**Poster Presentation** :

**Publications** :

2. **Indexed** :

3. **Non Indexed** :

4. **Original Article** :

5. **Case Report** :

**Other specify**

