

FACULTY INFORMATION

Name : Dr ASHOK .HOGADE
Date : 10-07-1964 /52 yrs
Present Designation : Prof & HOD
Department : DVL (SKIN)
College : M.R .MEDICAL COLLEGE , KALABURAGI
Residential Address of employee : H.NO 1-9/16 KHUBA PLOT , KALABURAGI



Contact Particular : Tel (Office) : 08472-220307
E-mail address : ahogade@yahoo.com
Mobile Number : 9448577240

Date of joining present Institution : 10-10-1996

Qualifications :

Qualification	College	University	Year	Registration No.of UG & PG with date	Name of the State Medical Council
MBBS	MRMC	GULBARGA	1990	34003/15-05-1992	KMC
MD	MRMC	GULBARGA	1996	34003/24-12-2004	KMC

Details of the previous appointment /teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience In years & Months
Assist.Prof	DVL	MRMC	10-10-1996	31-09-2009	12yrs-3 mths
Assoc.Prof	DVL	MRMC	01-02-2009	28-02-2013	4 yrs
Prof & HOD	DVL	MRMC	01-03-2013	Till date	3 yrs -9 mths

Achievements :

Awards :

Guest Speaker :

Paper Presentation :

1. National : 1 (one)

2. International :

3. State : 2 (two)

4. Others :

Poster presentation :

Publications :

1. Indexed : 7 (seven)

2. Non Indexed :

3. Original Article :

4. Case Report :

Other specify :

A handwritten signature in blue ink, consisting of a stylized name followed by a horizontal line and a small mark below it.