

FACULTY INFORMATION

Name : Dr. VISHAL .V.WALI
Date : 24-12-1984 (31 yrs 10 mths)
Present Designation : Asst.Prof
Department : Dept of DVL
College : M.R .MEDICAL COLLEGE , KALABURAGI



Residential Address of employee : S F S -5 KHB COLONY BEHIND PWD QTRS Rajapur Rd, KALABURGI

Contact Particular : Tel (Office) :
E-mail address : drvishalwali@gmail.com
Mobile Number : 9844736614

Date of joining present Institution : 02-07-2012

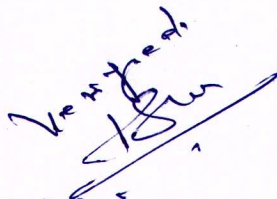
Qualifications : MBBS.MD

Qualification	College	University	Year	Registration No.of UG & PG with date	Name of the State Medical Council
MBBS	MRMC	RGUHS	2007	80608 12-05-2008	K.M.C
MD	MRMC	RGUHS	2012	80608 06-08-2012	K.M.C

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
JUNIOR	Skin & VD	MRMC	01-05-2009	30-04-2012	3yrs
Asst.Prof	Skin & VD	MRMC	02-07-2012	Till date	4yrs -4 months

Achievements :
Awards :
Guest Speaker :
Paper Presentation :
 1. National :
 2. International :
 3. State :
 4. Others :
Poster presentation : **1**
Publications : **4 (Four)**
 1. Indexed : **4 (Four)**
 2. Non Indexed :
 3. Original Article :
 4. Case Report :
Other specify : **Completed LASER Fellowship from "CUTIS" Bangalore**


Dr. Ashok S. Hogade MD.
Prof. & HOD
Department of DVL
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