

Name of the Faculty : Dr. K. B. MOTHILAL

Department : ENT

Registration Number : 28682

Designation	Name of the Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & Months
Junior Resident	MADURAI MEDICAL COLLEGE	01.09.1990	31.08.1992	2 Y
Senior Resident	COIMBATORE MEDICAL COLLEGE, COIMBATORE	15.07.1994	14.07.1995	1 Y
Assistant Professor	COIMBATORE MEDICAL COLLEGE, COIMBATORE	15.07.1995	14.07.1998	3 Y
Assistant Professor	COIMBATORE MEDICAL COLLEGE, COIMBATORE	15.07.1998	26.09.1998	2 Y
		25.04.2001	12.02.2003	
Associate Professor	COIMBATORE MEDICAL COLLEGE, COIMBATORE	13.02.2003	07.12.2004	4 Y
		08.12.2004	12.02.2007	
Professor	COIMBATORE MEDICAL COLLEGE, COIMBATORE	13.02.2007	30.09.2010	9 Y 6 M
	PONDICHERRY INSTITUTE OF MEDICAL SCIENCES	06.10.2010	22.06.2013	
	KARPAGAM FACULTY OF MEDICAL SCIENCES & RESEARCH	28.06.2013	TILL DATE	