

Name of the Faculty : **Dr.VIJAY.R**

Department : **ENT**

Registration Number : **86532**

Designation	Name of the Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & Months
Registrar / Senior Resident/ Resident	MADRAS MEDICAL COLLEGE, CHENNAI	2010	2013	3Y
Assistant Professor	KARPAGAM FACULTY OF MEDICAL SCIENCES & RESEARCH, COIMBATORE	01.08.2014	TILL DATE	2 Y 2 M