

Name of the Faculty : **Dr. C. KANAGARAJU**

Department : **Medicine**

Registration Number : **34701**

Designation	Name of the Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & Months
Registrar / Senior Resident/ Resident	STANLEY MEDICAL COLLGE	1987	1990	3Y
Assistant Professor	KARPAGAM FACULTY OF MEDICAL SCIENCES & RESEARCH, COIMBATORE-32.	03.06.2013	TILL DATE	3Y 2 M