

Name of the Faculty : **DR. ELIZABETH JEYAVARTHINI SAMUEL**

Department : **Medicine**

Registration Number : **38562**

<b>Designation</b>	<b>Name of the Institution</b>	<b>From DD/MM/YY</b>	<b>To DD/MM/YY</b>	<b>Total Experience in years &amp; Months</b>
Registrar / Senior Resident/ Resident	CHRISTAIN MEDICAL COLLEGE, VELLORE	05.01.1986	05.01.1989	3Y
ASSISTANT PROFESSOR	PONDICHERRY INSTITUTE OF MEDICAL SCIENCES.	29.10.2012	04.05.2015	2Y 7M
	KARPAGAM FACULTY OF MEDICAL SCIENCES & RESEARCH, COIMBATORE - 32.	03.07.2015	TILL DATE	1 Y 1 M