

Name of the Faculty : **Dr. SARANYA.S**

Department : **MEDICINE**

Registration Number : **93702**

<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>
Tutor 1 / JR 1	MADURAI MEDICAL COLLEGE, MADURAI	2013	2016	3Y