

Name of the Faculty : **DR. B. HERMIN BINU**

Department : **Medicine**

Registration Number : **110393**

Designation	Name of the Institution	Joining Date	Relieving Date	Total Experience in years & Months
Tutor 1 / JR 1	KARPAGAM FACULTY OF MEDICAL SCIENCES AND RESEARCH, COIMBATORE - 32.	15.03.2016	TILL DATE	