

Name of the Faculty : **Dr. T.P.KALANITI**

Department : **Medicine**

Registration Number : **26053**

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, MEDRAS.	21.06.1982	31.03.1984	3Yrs 01M
	GOVT,MOHAN KUMARAMANGALAM MEDICAL COLLEGE, SALEM	05.10.1990	23.01.1992	
Assistant Professor	GOVT,MOHAN KUMARAMANGALAM MEDICAL COLLEGE, SALEM	24.01.1992	23.01.1997	5Y
Associate Professor	GOVT,MOHAN KUMARAMANGALAM MEDICAL COLLEGE, SALEM	24.01.1997	23.01.2001	4Y
Professor	GOVT,MOHAN KUMARAMANGALAM MEDICAL COLLEGE, SALEM	24.01.2001	18.02.2005	15 Y 8 M
Dean & Professor of Medicine	COIMBATORE MEDICAL COLLEGE, COIMBATORE - 14	19.02.2005	21.05.2007	
	MADRAS MEDICAL COLLEGE, MADRAS.	22.05.2007	28.02.2009	
	KARUNA MEDICAL COLLEGE, PALAKKAD,.	08.03.2009	31.03.2012	
	KARPAGAM FACULTY OF MEDICAL SCIENCES & RESEARCH, COIMBATORE	01.04.2012	TILL DATE	