

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

Department : **Medicine**

Registration Number : **35025**

Designation	Name of the Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & Months
Registrar / Senior Resident/ Resident	COIMBATORE MEDICAL COLLEGE, COIMBATORE- 32.	1998	2001	3Y
Assistant Professor	COIMBATORE MEDICAL COLLEGE, COIMBATORE- 32.	01.04.2008	31.12.2013	5Y 9M
Associate Professor	GOVT.MOHAN KUMARAMANGALAM MEDICAL COLLEGE, SALEM	01.01.2014	31.05.2014	5M
	KARPAGAM FACULTY OF MEDICAL SCIENCES & RESEARCH, COIMBATORE - 32.	04.07.2014	TILL DATE	2 Y 1 M