

Name of the Faculty : **DR. S. DHARMALINGAM**

Department : **Medicine**

Registration Number : **36303**

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.	18.05.1997	31.03.2000	3Y
ASSISTANT PROFESSOR	COIMBATORE MEDICAL COLLEGE, COIMBATORE.	16.04.2003	31.08.2008	5Y 5M
	KARPAGAM FACULTY OF MEDICAL SCIENCES & RESEARCH, COIMBATORE - 32.	10.06.2015	TILL DATE	1 Y 1 M