

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

Department : **Medicine**

Registration Number : **86614**

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	2010	2013	3Y
Assistant Professor	KARPAGAM FACULTY OF MEDICAL SCIENCES & RESEARCH, COIMBATORE -32	01.06.2013	TILL DATE	2Y