

Name of the Faculty : Dr.T.RAVINDRAN

Department : Ophthalmology

Registration Number : 32921

Designation	Name of the Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & Months
Tutor / Demonstrator	MADURAI MEDICAL COLLEGE, MADURAI	1980	1982	4 Y
		1983	1985	
Registrar / Senior Resident/ Resident	COIMBATORE MEDICAL COLLEGE, COIMBATORE	12.04.1985	11.04.1986	1 Y
Assistant Professor	COIMBATORE MEDICAL COLLEGE, COIMBATORE	12.04.1986	04.06.1991	5 Y
Associate Professor	KARUNA MEDICAL COLLEGE, PALAKKAD	01.05.2007	17.11.2009	4 Y
	KARUNA MEDICAL COLLEGE, PALAKKAD	02.05.2011	31.12.2011	
	KARPAGAM FACULTY OF MEDICAL SCIENCES & RESEARCH	02.07.2012	01.05.2013	
Professor	KARPAGAM FACULTY OF MEDICAL SCIENCES & RESEARCH	02.05.2013	TILL DATE	3 Y 5 M