

Faculty IMR Database

Department of Respiratory Medicine

- 1 Name: Dr. Veerabhadrappa. K. Kuppast
- 2 Date of Birth & Age: 01/01/1980, 40 Years
- 3 Present Designation: Assistant Professor
- 4 E-mail address: dr.vkkuppast@gmail.com Mobile Number: 9848247147
- 5 Date of joining present institution: 01-06-2011 as Jr.Resident
- 6 Relieved: from Bhagwan Mahaveer Jain Hospital Bangalore as Sr.Resident
14-02-2010
- 7 Qualifications:

Qualification	College	University	Year	Registration No. with date	Name of the State Medical Council
MBBS	JNMC Medical College Belgaum	Rajiv Gandhi University of Health Sciences, Bengaluru	March-2004	71186 25-05-2006	Karnataka Medical Council
DNB	Bhagwan Mahaveer Jain Hospital Bangalore	New Delhi	December 2010	71186 07-11-2013	Karnataka Medical Council

8 Details of the teaching experience till date.

Designation	Name of Institution	From DD/MM/YY	To DD/MM/YY	Benefit of Publication	Total Experience in years & months
Junior Resident	S. N. Medical College, Bagalkot	01-06-2005	13-02-2007	-	1 Year 8 Months
	Bhagwan Mahaveer Jain Hospital Bangalore	15-02-2007	14-02-2010	-	3 Years
	S. N. Medical College, Bagalkot	01-06-2011	31-07-2014	-	3 Years 1 Months
Senior Resident	S. N. Medical College, Bagalkot	01-08-2014	30-09-2015	-	1 Year 1 Months
Assistant Professor	S. N. Medical College, Bagalkot	01-10-2015	Till date	-	4 Years 8 Months

Faculty IMR Database

Department of Respiratory Medicine

- 1 Name Dr. Rajuvan Jamadar
- 2 Date of Birth & Age 02/08/1985 32 Years
- 3 Present Designation: Asst Professor
- 4 E-mail address: rajuvan786@gmail.com Mobile Number: 9769084730-8904236634
- 5 Date of joining present institution: 02/11/2015 as Sr Resident
- 6 Relieved: from _____ as _____ on _____
- 7 Qualifications:

Qualification	College	University	Year	Registration No. with date	Name of the State Medical Council
MBBS	V.I.M.S Bellary	RGUHS	December 2009	91321 25/03/2011	Karantaka Medical Council
MD	ESI-PGIMSR MGM Hospital Parel Mumbai	MUHS	December 2015	91321 27-03-2018	Maharashtra Medical Council

8 Details of the teaching experience till date.

Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Junior Resident 1	Respiratory Medicine	ESI- ESI-PGIMSR MGM Hospital Parel Mumbai	June-2012	May -2015	3 Years
Senior Resident	Respiratory Medicine	S.N.Medical College Bagalkot	02/11/2015	30-09-2019	3Years 11 Months
Assistant Professor	Respiratory Medicine	S.N.Medical College Bagalkot	01-10-2019	Till date	

Resident IMR Database

Department of Respiratory Medicine

- 1 Name Dr. Kavitha.M
- 2 Date of Birth & Age 20/04/1991 28 Years
- 3 Present Designation: Senior Resident
- 4 E-mail address: _____ Mobile Number: 9620150880
- 5 Date of joining present institution: 08/02/2019 as Sr Resident
- 6 Relieved: from _____ as _____ on _____
- 7 Qualifications:

Qualification	College	University	Year	Registration No. with date	Name of the State Medical Council
MBBS	V.I.M.S Bellary	RGUHS	March 2014	104042 29/03/2014	Karantaka Medical Council
MD	Navodaya Medical College Raichur	RGUHS	May 2018	91321 10-10-2018	Karantaka Medical Council

8 Details of the teaching experience till date.

Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Junior Resident 1	Respiratory Medicine	Navodaya Medical College Raichur	June-2015	May -2018	3 Years
Junior Resident 2	-	-	-	-	-
Junior Resident 3	-	-	-	-	-
Senior Resident	Respiratory Medicine	S.N.Medical College Bagalkot	08/02/2019	Till Date	-

Resident IMR Database

Department of Respiratory Medicine

- 1 Name Dr.Vinay Krishna L.N
- 2 Date of Birth & Age 21/06/1990 29 Years
- 3 Present Designation: Junior Resident
- 4 E-mail address: _____ Mobile Number 9500565354
- 5 Date of joining present institution: 08/04/2019 as Jr Resident
- 6 Relieved: from _____ as _____ on _____
- 7 Qualifications:

Qualification	College	University	Year	Registration No. with date	Name of the State Medical Council
MBBS	Kempegowda institute of Medical Science Bangalore	RGUHS	March 2012	103187 30-04-2013	Karantaka Medical Council
MD	-	-	-	-	-

8 Details of the teaching experience till date.

Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Junior Resident 1	Respiratory Medicine	S.Nijalingappa Medical College Bagalkot	08-02-2019	Till date	-
Junior Resident 2	-	-	-	-	-
Junior Resident 3	-	-	-	-	-
Senior Resident					

Resident IMR Database

Department of Respiratory Medicine

- 1 Name **Dr. Sham Shankar Kulkarni**
- 2 Date of Birth & Age **11/04/1995 25 Years**
- 3 Present Designation: **Junior Resident**
- 4 E-mail address: _____ Mobile Number **7892703655**
- 5 Date of joining present institution: **13/02/2019** as **Jr Resident**
- 6 Relieved: from _____ as _____ on _____
- 7 Qualifications:

Qualification	College	University	Year	Registration No. with date	Name of the State Medical Council
MBBS	Raichur institute of Medical Science Raichur	RGUHS	March 2016	124744 24-04-2018	Karantaka Medical Council
MD	-	-	-	-	-

8 Details of the teaching experience till date.

Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Junior Resident 1	Respiratory Medicine	S.Nijalingappa Medical College Bagalkot	13--02-2019	Till date	-
Junior Resident 2	-	-	-	-	-
Junior Resident 3	-	-	-	-	-
Senior Resident					