

Faculty IMR Database

Department of Respiratory Medicine

- 1 Name: Dr. Veerabhadrappa. K. Kuppast
- 2 Date of Birth & Age: 01/01/1980, 37 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	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	-	2 Years 9 Months

Faculty IMR Database

Department of Respiratory Medicine

- 1 Name Dr.Keertivardhan D. Kulkarni
- 2 Date of Birth & Age 22/10/1985 33 Years
- 3 Present Designation: Assistant Professor
- 4 E-mail address: keertivardhandk@gmail Mobile Number: 9986896644
- 5 Date of joining present institution: 02/09/2016 as Assistant Professor
- 6 Relieved: from Gulbarga Institute of Medical Sciences, Kalaburagi as Sr.Resident on 08-08-2016
- 7 Qualifications:

Qualification	College	University	Year	Registration No. with date	Name of the State Medical Council
MBBS	Sri. Devraj Urs.Medical College Kolar	Rajiv Gandhi University of Health Sciences, Bengaluru	2008	82989 18-03-2009	Karnataka Medical Council
DNB	National Board of Examinations	New Delhi	2014	82989 17-01-2015	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	JSS Medical College Mysore	13-04-2011	12-04-2014	-	3 Years
Senior Resident	Chennai Medical College Hospital & Research Center	22/01/2015	25/11/2015	-	10 Months 3days
	Gulbarga Institute of Medical Sciences, Kalaburagi	30/11/2015	08/08-2016	-	8 Months 9 days
Assistant Professor	S.Nijalingappa Medical College Bagalkot	02/09/2016	Till date	-	1Year 10 Months
Associate Professor	-	-	-	-	-

Resident IMR Database

Department of Respiratory Medicine

- 1 Name Dr. Rajuvan Jamadar
- 2 Date of Birth & Age 02/08/1985 31 Years
- 3 Present Designation: Senior Resident
- 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	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
Junior Resident 2	-	-	-	-	-
Junior Resident 3	-	-	-	-	-
Senior Resident	Respiratory Medicine	S.N.Medical College Bagalkot	02/11/2015	Till Date	2 Year 8 Months

B.V.V. Sangha's
S. Nijalingappa Medical College & Hanagal Shri Kumareswar Hospital & Research Centre
Navanagar – Bagalkot.

Resident IMR Database

Department of Respiratory Medicine

1 Name **Dr.Sahebgoda Patil.**

2 Date of Birth & Age **16/12/1992 28 Years**

3 Present Designation: **Junior Resident**

4 E-mail address: _____ Mobile Number:

5 Date of joining present institution: **06/06/2018** 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	M.R. Medical College Gulbarga	RGUHS	December 2014	119075 10-04-2017	Karnataka 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	06-06-2018	Till date	-
Junior Resident 2	-	-	-	-	-
Junior Resident 3	-	-	-	-	-
Senior Resident					

Resident IMR Database

Department of Respiratory Medicine

- 1 Name **Dr.Arunakumar Umanabadi**
- 2 Date of Birth & Age **25/07/1992 27 Years**
- 3 Present Designation: **Junior Resident**
- 4 E-mail address: _____ Mobile Number: **08792118485**
- 5 Date of joining present institution: **01/06/2018** 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	Al- Ameen Medical College Bijapur	RGUHS	December 2014	113588 12-04-2016	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	01-06-2018	till date	-
Junior Resident 2	-	-	-	-	-
Junior Resident 3	-	-	-	-	-
Senior Resident					

B.V.V. Sangha's
S. Nijalingappa Medical College & Hanagal Shri Kumareshwar Hospital & Research Centre
Navanagar – Bagalkot.

Resident IMR Database

Department of Respiratory Medicine

- 1 Name **Dr.Sharanagoud Honnagol**
- 2 Date of Birth & Age **10/01/1995 23 Years**
- 3 Present Designation: **Junior Resident**
- 4 E-mail address: _____ Mobile Number: **8861455759**
- 5 Date of joining present institution: **11/06/2018** 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	S.Nijalingappa Medical College Bagalkot	RGUHS	December 2014	124073 10-04-2016	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	11-06-2018	Till date	-
Junior Resident 2	-	-	-	-	-
Junior Resident 3	-	-	-	-	-
Senior Resident					

B.V.V. Sangha's
S. Nijalingappa Medical College & Hanagal Shri Kumareshwar Hospital & Research Centre
Navanagar – Bagalkot.

Resident IMR Database

Department of Respiratory Medicine

- 1 Name **Dr.Chandan Chandargi**
- 2 Date of Birth & Age **14/04/1991 28 Years**
- 3 Present Designation: **Junior Resident**
- 4 E-mail address: _____ Mobile Number: **953612314**
- 5 Date of joining present institution: **14/06/2018** 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	Al- Ameen Medical College Bijapur	RGUHS	December 2014	113121 29-03-2016	Karnataka 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	14-06-2018	Till date	-
Junior Resident 2	-	-	-	-	-
Junior Resident 3	-	-	-	-	-
Senior Resident					

