

Medical College & University | Settings | Medical College & University | Shanmugham

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UNIVERSITY VERSION

COLLEGE S
POWERED BY TAMIL NADU
Student Registration Examination
Faculty Management >> Faculty Management >> Faculty Registration

Faculty Management >> Faculty Management >> Faculty Registration

Status : New Record

:: Faculty details

Faculty Registration No. _____

Name of the Faculty: Mr Murugan Initials: S

Gender: Male

Date of Birth: 10-05-1975

Father's Name: Sivaperman

Nationality: INDIAN

PAN No. APAPS1400Q

Council Registration Details: Council Name: MCI State: TAMIL NADU
Reg.No: XXXXXXXX Date: 10-05-2005

:: Contact details

Permanent Address Present Address Same as Permanent Address

Address: KOIL ST, PARRYS CORNER, CHENNAI

Pin: 600001

State: TAMIL NADU District: CHENNAI

Phone No. 0442222222 (With STD Code)

Mobile No. 944444444

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District: CHENNAI District: CHENNAI

Phone No. 0442222222 (With STD Code) Mobile No. 944444444

E-Mail. XYZ@GMAIL.COM

:: Qualification details

X	Course Type	Course	Institution	University	State	Month of passing
<input checked="" type="checkbox"/>	U.G	MBBS	XYZ	TNMGRMU	TN	Aug
<input checked="" type="checkbox"/>	P.G	MD	XYZ	TNMGRMU	TN	Aug
<input type="checkbox"/>	Super speciality					0
<input type="checkbox"/>	Allied Health Sciences(A.H.S)					0
<input type="checkbox"/>	FELLOWSHIP PROGRAM					0
<input type="checkbox"/>	Ph.D.					0
<input type="checkbox"/>	Master of Hospital Administrat					0
<input type="checkbox"/>	POST DOCTORAL FELLOWSH					0
<input type="checkbox"/>	D.sc					0

:: Present Service Details

Specialty: MEDICAL Department: Pharmacology

Designation: LECTURER Subjects: PHARMACOLOGY

Joining Date: 10-05-2011 Date of Retirement: 10-5-2035

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Phone No. 04422222222 (With STD Code) Mobile No. 9444444444
E-Mail. XYZ@GMAIL.COM

Qualification details

X	Course Type	Course	Institution	University	State	Month of passing
<input checked="" type="checkbox"/>	U.G	MBBS	XYZ	TNMGRMU	TN	Aug
<input checked="" type="checkbox"/>	P.G	MD	XYZ	TNMGRMU	TN	Aug
<input type="checkbox"/>	Super specialty					0
<input type="checkbox"/>	Allied Health Sciences(A.H.S)					0
<input type="checkbox"/>	FELLOWSHIP PROGRAM					0
<input type="checkbox"/>	Ph.D.					0
<input type="checkbox"/>	Master of Hospital Administrat					0
<input type="checkbox"/>	POST DOCTORAL FELLOWSH					0
<input type="checkbox"/>	D.sc					0

Present Service Details

Specialty MEDICAL Department Pharmacology
Designation LECTURER Subjects PHARMACOLOGY
Joining Date 10-05-2011 Date of Retirement 10-5-2035

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Faculty Management >> Faculty Management >> Faculty Registration

Date 10-05-2011 Retirement 10-5-2035

Previous Service details

X	Service Type	Institution	University	Specialty	Department	Designation
<input checked="" type="checkbox"/>	First Service					
<input type="checkbox"/>	Previous Appointment-1	XYZ	TNMGRMU	MEDICINE	PHARMACOLOGY	LECTURER
<input type="checkbox"/>	Previous Appointment-2					
<input type="checkbox"/>	Previous Appointment-3					
<input type="checkbox"/>	Previous Appointment-4					
<input type="checkbox"/>	Previous Appointment-5					
<input type="checkbox"/>	Previous Appointment-6					
<input type="checkbox"/>	Previous Appointment-7					
<input type="checkbox"/>	Previous Appointment-8					
<input type="checkbox"/>	Previous Appointment-9					
<input type="checkbox"/>	Previous Appointment-10					

Experience details

X	Experience Type	Institution	University	Experience From Date (DD-MM-YYYY)	Experience To Date (DD-MM-YYYY)	Experience (Yrs /times)
<input checked="" type="checkbox"/>	Teaching-UG	XYZ	TNMGRMU			0
<input type="checkbox"/>	Teaching-PG					0

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Faculty Management >> Faculty Registration

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Faculty Registration

Faculty Management >> Faculty Management >> Faculty Registration

Date: 10-05-2011 Retirement: 10-5-2035

Previous Service details

University	Specialty	Department	Designation	Subjects	Joining Date	Relieving Date
TNMGRMU	MEDICINE	PHARMACOLOGY	LECTURER	PHARMACOLOGY	01-03-2016	

Experience details

X	Experience Type	Institution	University	Experience From Date (DD-MM-YYYY)	Experience To Date (DD-MM-YYYY)	Experience (Yrs /times)
<input checked="" type="checkbox"/>	Teaching-UG	XYZ	TNMGRMU			0
<input type="checkbox"/>	Teaching-PG					0

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Experience details

X	Experience Type	Institution	University	Experience From Date (DD-MM-YYYY)	Experience To Date (DD-MM-YYYY)	Experience (Yrs /times)
<input checked="" type="checkbox"/>	Teaching-UG	XYZ	TNMGRMU	01-03-2016		5
<input type="checkbox"/>	Teaching-PG					0
<input type="checkbox"/>	Total-UG					0
<input type="checkbox"/>	Total-PG					0
<input type="checkbox"/>	Junior Resident or equiv					0
<input type="checkbox"/>	Senior Resident or equiv					0
<input type="checkbox"/>	Assistant Professor or e					0
<input type="checkbox"/>	Associate Professor or e					0
<input type="checkbox"/>	Professor or equivalent					0
<input type="checkbox"/>	Others					0
<input type="checkbox"/>	Examiner-UG					0
<input type="checkbox"/>	Examiner-PG					0

Photograph, Signature & Other details

Upload Faculty's

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