



1.	Name of the Faculty	Dr. Gunnala Santhosh Kumar Reddy
2.	Department	Pediatrics
3.	Current Designation	Senior Resident
4.	Registration Number	TSMC/FMR/18094
<b>Academic Qualifications</b>		
5.	UG Qualification + Name of College/Institute	MBBS S S Institute of Medical Science & Research Centre RUHS
6.	PG Qualification + Name of College/Institute	MD Rural Medical Colleg, Loni
7.	Any Additional Qualifications	

8.	Number of Years of Experience	01 year
9.	Publications (in Vancouver Style)	
10.	Presentations (in Conferences/ CMEs)	

11.	Projects (Ongoing & Completed)	
12.	Positions Held / Accomplishments / Awards / Grants (if applicable)	
13.	Areas of Interest	