



1.	Name of the Faculty	Dr. K Poorna Sasank
2.	Department	Radio Diagnosis
3.	Current Designation	Senior Resident
4.	Registration Number	APMC/FMR/100587
Academic Qualifications		
5.	UG Qualification + Name of College/Institute	MBBS Rajeev Gandhi Institute of Medical Science, Ongole NTRUHS
6.	PG Qualification + Name of College/Institute	DNB Apollo Hospital Hyderabad
7.	Any Additional Qualifications	

8.	Number of Years of Experience	03 months
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	