



1.	Name of the Faculty	Dr. Shafa Tayyaba
2.	Department	Pediatrics
3.	Current Designation	Junior Resident
4.	Registration Number	TSMC/FMR/16367
Academic Qualifications		
5.	UG Qualification + Name of College/Institute	MBBS AIMSR
6.	PG Qualification + Name of College/Institute	
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	