

1.	Name of the Faculty	Dr. K Lakshman Kumar		
2.	Department	Anesthesiology		
3.	Current Designation	Senior Resident		
4.	Registration Number	59295		
Academic Qualifications				
5.	UG Qualification + Name of College/Institute	MBBS Dr. MGR University		
6.	PG Qualification + Name of College/Institute	MD Osmania Medical College NTRUHS		
7.	Any Additional Qualifications			

8.	Number of Years of Experience	07 years
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	