1.	Name of the Faculty	Dr. N Radha Ramana Lavanya Lahari		
2.	Department	General Medicine		
3.	Current Designation	Junior Resident		
4.	Registration Number	TSMC/FMR/09503		
Academic Qualifications				
5.	UG Qualification + Name of College/Institute	MBBSS Kamineni Academy of Medical Science & Research Centre, LB Nagar		
6.	PG Qualification + Name of College/Institute			
7.	Any Additional Qualifications			

8.	Number of Years of Experience	02 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	