

1.	Name of the Faculty	Dr. Sunkaoju Madhuri
2.	Department	General Medicine
3.	Current Designation	Junior Resident
4.	Registration Number	TSMC/FMR/09494
<b>Academic Qualifications</b>		
5.	UG Qualification + Name of College/Institute	MBBS Kamineni Academy Medical Science & Research Dr. NTRUHS
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	