Name DR. VEENAA. N. N

Department Pathology

Registration Number 86320

Designation	Name of the Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & Months
Tutor	COIMBATORE MEDICAL COLLEGE	2010	2013	3Y
Assistant Professor	KARPAGAM FACULTY OF MEDICAL SCIENCES & RESEARCH, COIMBATORE	16.07.2014	TILL DATE	2Y 2M