

Name : Dr.Naveen Rajesh

Designation: Tutor

Department: Oral and maxillofacial surgery

Date of joining:1-10-2015

Contact number:9600392394

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Council registration number: 20192

SELF ATTESTED  
RECENT  
PHOTOGRAPH

Qualification:

| Degree    | Name of the Institution         | University        | Year & Month of Passing | Speciality | Name of the State Dental Council | *Registration No. of UG & PG with date of Renewal |
|-----------|---------------------------------|-------------------|-------------------------|------------|----------------------------------|---|
| B.D.S.    | SRM dental college and hospital | Deemed university | April 2015              | -          | Tamilnadu dental Council         | 20192<br>31-10-2030                               |
| M.D.S.    |                                 |                   |                         |            |                                  |   |
| Any Other |                                 |                   |                         |            |                                  |   |

Teaching experience :

| Position | Name of Institution               | From      | To        | Total Experience |
|----------|-----------------------------------|-----------|-----------|------------------|
| Tutor    | Rajas dental college and hospital | 1-10-2015 | Till date | 10 years         |
|          |                                   |           |           |                  |
|          |                                   |           |           |                  |