

# **K J Somaiya Medical College, Mumbai**

## **Teacher information sheet**

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### **1. Photograph**



**2.. Name of the Teacher: Dr. Shruti Arvind Rane**

**3. Date of birth (dd/mm/yyyy): 07/09/1995**

**4. Name of the Department: Community Medicine**

**5. Current post held: Tutor**

**6. Details of educational qualifications (Add more rows if required)**

Qualification	College	University / Affiliating body	Year of passing	Medical Council Registration no. with date	Name of the Medical Council
<b>MBBS</b>	MGM university of health sciences, Navi Mumbai	MGM deemed university, Navi Mumbai	2020	2021/05/5176	Maharashtra Medical Council
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**7. Details of Teaching experience (Add more rows if required)**

Designation	Department	Name of the institution	From (dd/mm/yyyy)	To (dd/mm/yyyy) Mention 'till date' for current post held	Experience (Years and months)  (Leave blank for current post held)
<b>Tutor/Demonstrator</b>	Community Medicine	KJ Somaiya Medical College And Research center	05/05/2021	till date	

8. Details of research publications (mention in chronologic order as per format used in the 'references' section of research articles. For example: Behera B, Das A, Mathur P, Kapil A, Gadepalli R, Dhawan B. Tigecycline susceptibility report from an Indian tertiary care hospital. Indian J Med Res 2009; 129:446–50.) (Mention your name in **Bold** in the author list).