



KMCT
DENTAL COLLEGE

Recognised Research Centre of Kerala University of Health Sciences

Recognised by Dental Council of India and Govt. of India

KMCT Medical College Campus, Mukkam, Kozhikode-673602

Phone: (0495)2292002, 2292004

E-mail: dental@kmct.edu.in, website: www.kmctdentalcollege.org

**CONSOLIDATED EXPERIENCE OF FULLTIME TEACHERS UPDATED IN THE DENTAL
COUNCIL OF INDIA**

Basic Details

Faculty ID :

LORS-
2012514

Name :

DR.
MANOJ
KUMAR
K.PRegistration
No :

1313

Registration
Date :21 Jun
2011State Dental
Council :Kerala
State
Dental
Council

Father Name :

T. Madhavan Nair

Gender :

Male

Date of Birth :

29 May 1968

PAN No. :

AENPM5831Q

Aadhar No. :

667421858047

I-Card No. :

Nationality :

Indian

College
joining date :

01 Nov 2007

Address Proof
(102) :

J6142408

Identity Proof
(Adhar Card) :6674
2185
8047

Correspondence Address :

Address :

Gowrinandanam, Behind Hotel West
way, East hill Road, Eranhpalam
P.O, Kozhikode -673006

State :

Kerala

City :

Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No :

Email ID :

9847005213

mnjkmrkp@gmail.com

Permanent Address:

Address :

Gowrinandanam, Behind Hotel West



DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mulkam

way, East hill Road, Eranhipalam
P.O, Kozhikode -673006

State : Kerala
City : kozhikode
Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Govt. Dental College, Kozhikode	University of Calicut and Kerala University of Health & Allied Sciences	1992-93	
MDS	Oral Surgery	Govt. Dental College, Kozhikode	University of Calicut and Kerala University of Health & Allied Sciences	1998-99	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
Vinayaka Mission's Sankarachariyar Dental College, Salem	Oral Surgery	Lecturer	01 Jun 1998	01 Feb 1999	0 year 8 months 1 day	
Vinayaka Missions Lord Jagannath Institute of Dental Sciences & Research	Oral Surgery	Lecturer	01 Feb 1999	09 Jun 2001	2 years 4 months 9 days	
Royal Dental College, Kerala	Oral Surgery	Reader	02 Jan 2004	02 Jan 2007	3 years 0 month 1 day	
Royal Dental College, Kerala	Oral Surgery	Associate Professor	03 Jan 2007	31 Oct 2007	0 year 9 months 29 days	
KMCT Dental College, Calicut	Oral Surgery	Associate Professor	01 Nov 2007	01 Jan 2009	1 year 2 months 1 day	
					8 Year	
					Total 0	
					Exp. month 11 days	

Current Designation Working Details:

Present College

KMCT Dental College,
Calicut

Department

Oral Surgery

Designation

Professor &
HOD

Delegation joining
date

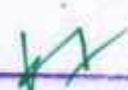
02 Jan 2009

Experience

DR. MANOJ KUNAR K
Principal
13 Year 1 month 9 days
KMCT Dental College
Manassery, Mukkam

21 Year 1 month 20 days




DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

Basic Details

Faculty ID : LORS-2012516

Name : DR. BENNY JOSEPH

Registration No : 872

Registration Date : 23 Jan 1989

State Dental Council : Kerala State Dental Council

Father Name : K.J Joseph

Gender : Male

Date of Birth : 20 Jun 1966

PAN No. : ACSPJ5231G

Aadhar No. : 3602 4346 6162

I-Card No. :

Nationality : Indian

College joining date : 11 Jan 2007

Address Proof (103) : DSL1711084

Identity Proof (Adhar Card) : 3602 4346 6162



Correspondence Address :

Address : Stephen Villa, Kallai Calicut -3

State : Kerala

City : Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No : 049523612

Email ID : bjdrbenny57@gmail.com

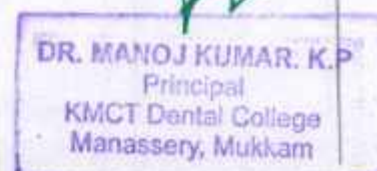
Permanent Address:

Address : Stephen Villa, Kallai Calicut -3

State : Kerala

City : Kozhikode

Telephone(R) :



Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Others	Other	1989-90	
MDS	Oral Surgery	Others	Other	1993-94	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
Manipal College of Dental Sciences, Mangalore	Oral Surgery	Assistant Professor	30 Sep 1993	01 Apr 1999	5 years 6 months 3 days	
Coorg Institute of Dental Sciences, Virajpat	Oral Surgery	Reader	03 Oct 2000	03 Oct 2001	1 year 0 month 1 day	
PMS College of Dental Science & Research, Thiruvananthapuram	Oral Surgery	Reader	01 May 2003	30 Jan 2005	1 year 8 months 30 days	
PMS College of Dental Science & Research, Thiruvananthapuram	Oral Surgery	Professor	31 May 2005	16 Jun 2007	2 years 0 month 17 days	
					10 Year	
					Total 3 month 21 days	

Current Designation Working Details:

Present College

KMCT Dental College,
Calicut

Department Designation

Oral Surgery Professor

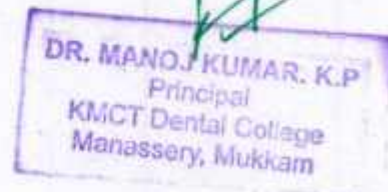
Deignation joining
date

01 Nov 2007

Experience

14 Year 3 month 10
days

24 Year 6 month 31 days



Basic Details

Faculty ID : LORS-2012524

Name : DR. ANROOP A

Registration No : 6761

Registration Date : 28 May 2013

State Dental Council : Kerala State Dental Council

Father Name : S Anirudhan

Gender : Male

Date of Birth : 14 Dec 1981

PAN No. : BEJPA0730D

Aadhar No. :

I-Card No. :

Nationality : Indian

College joining date : 23 Sep 2013

Address Proof (104) : 4022915265

Identity Proof (Pass-Port) : H1323167



Correspondence Address:

Address : PP13/4498 THIRISERI
MAYANGOTTU PARAMBU
POOVATTUPARAMBA 673661

State : Kerala

City : Kozhikode

Telephone(O) :

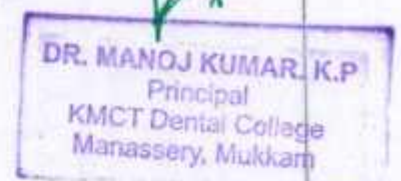
Telephone(R) :

Mobile No : 9846608528

Email ID : anroop.a@gmail.com

Permanent Address:

Address : TC
3/2365, NAUKA, KAVALLOORKONAM
LANE, PATTOM
(P.O.), TRIVANDRUM-695004



State : **Kerala**
 City : **Trivandrum**
 Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Sree Mookambika Institute of Dental Sciences, Kulasekharam	The Tamil Nadu Dr. M.G.R. Medical University, Chennai	2007-08	
MDS	Oral Surgery	Others	Annamalai University	2012-13	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
Indira Gandhi Institute of Dental Sciences, Kothamangalam	Oral Surgery	Lecturer	15 May 2012	09 Sep 2013	1 year 3 months 26 days	
KMCT Dental College, Calicut	Oral Surgery	Lecturer	23 Sep 2013	27 May 2016	2 years 8 months 5 days	
					3 Year	
					Total 12 Exp. month 1 days	

Current Designation Working Details:

Present College

KMCT Dental College,
Calicut

Department Designation

Oral Surgery Reader

Deignation joining
date

28 May 2016

Experience

5 Year 8 month 14
days

8 Year 20 month 15 days



Basic Details

Faculty ID : LORS-2017829
 Name : DR.VIJAYAKUMAR
 DEPESH
 Registration No : 15216
 Registration Date : 08 Feb 2016
 State Dental Council : Kerala State Dental Council
 Father Name : G.Vijayakumar
 Gender : Male
 Date of Birth : 13 Oct 1983
 PAN No. : AYL PV8240J
 Aadhar No. : 6537 1864 3259
 I-Card No. :
 Nationality : Indian
 College joining date : 22 Aug 2016
 Address Proof (102) : N 2771015
 Identity Proof (Adhar Card) : 6537 1864 3259



Correspondence Address :

Address : KMCT Staff Quarters, Manassery, Kozhikode-673602
 State : Kerala
 City : KOZHIKODE
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9894389061
 Email ID : depesh6@gmail.com

Permanent Address:

Address : Chirackal House, Azhiyidathuchira P.O,
 Thiruvalla, Pathanamthitta-689113
 State : Kerala
 City : KOZHIKODE
 Telephone(R) :



DR. MANOJ KUMAR. K.P.
 Principal
 KMCT Dental College
 Manassery, Mukkam

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Rajas Dental College & Hospital, Kavalkinaru Jn	The Tamil Nadu Dr. M.G.R. Medical University, Chennai	2010-11	
MDS	Oral Surgery	Others	Annamalai University	2016-17	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Surgery	Lecturer	22 Aug 2016	5 Year 5 month 20 days
				5 Year 5 month 20 days



DR. MANOJ KUMAR, K.P
 Principal
 KMCT Dental College
 Manassery, Mukkam

Basic Details

Faculty ID : LORS-2037539

Name : DR. VIPIN DAS A P

Registration No : 8821

Registration Date : 11 Nov 2011

State Dental Council : Kerala State Dental Council

Father Name : DEVIDAS A.P

Gender : Male

Date of Birth : 19 Dec 1986

PAN No. : AMDPV9446J

Aadhar No. : 390708756387

I-Card No. :

Nationality : Indian

College joining date : 06 Feb 2021

Address Proof (0) :

Identity Proof (--Select--) :



Correspondence Address :

Address : KEERTHI , PO NEDUVA
PARAPPANANGADI,
MALAPPURAM

State : Kerala

City : Malappuram

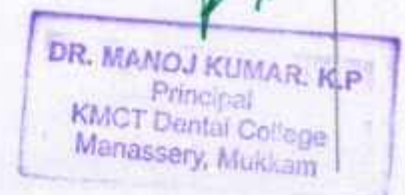
Telephone(O) :

Telephone(R) :

Mobile No : 9497310375

Email ID : drvipinbds@gmail.com

Permanent Address:



Address :

**KEERTHI , PO NEDUVA
PARAPPANANGADI,
MALAPPURAM**

State :

Kerala

City :

Malappuram

Telephone(R) :

Qualification Details

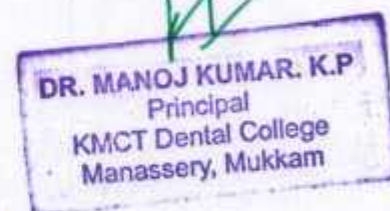
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Surgery	Reader	06 Feb 2021	1 Year 0 month 5 days
				1 Year 0 month 5 days



Basic Details

Faculty ID : LORS-2028979
 Name : DR.ASWATHI VINOD
 Registration No : 11215
 Registration Date : 30 Dec 2013
 State Dental Council : Kerala State Dental Council
 Father Name : K VINODKUMAR
 Gender : Female
 Date of Birth : 15 Oct 1989
 PAN No. : APSPV6607B
 Aadhar No. : 539504019926
 I-Card No. :
 Nationality : Indian
 College joining date : 10 Oct 2018
 Address Proof (100) :
 Identity Proof (Driving Licence) :



Correspondence Address :

Address : KANYAKA ESTATE, KOLGAPPARA P O, WAYANAD
 State : Kerala
 City : WAYANAD
 Telephone(O) :
 Telephone(R) :
 Mobile No : 8589805795
 Email ID : aswathivind@gmail.com

Permanent Address:

Address : KANYAKA ESTATE, KOLGAPPARA P O, WAYANAD
 State : Kerala



DR. MANOJ KUMAR. K.P.
 Principal
 KMCT Dental College
 Manassery, Mukkam

City : WAYANAD

Telephone(R) :

Qualification Details

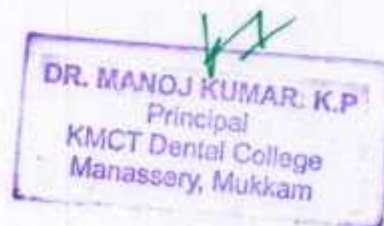
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Surgery	Lecturer	10 Oct 2018	3 Year 4 month 1 days



Basic Details

Faculty ID : LORS-2037541
 Name : DR. M C
 CHANCHALESH
 Registration No : 15255
 Registration Date : 12 Feb 2016
 State Dental Council : Kerala State
 Dental Council
 Father Name : M Chandran
 Gender : Male
 Date of Birth : 13 Mar 1989
 PAN No. : BGTPC2763G
 Aadhar No. : 668483440101
 I-Card No. :
 Nationality : Indian
 College joining date : 01 Dec 2020
 Address Proof (0) :
 Identity Proof (---Select---) :

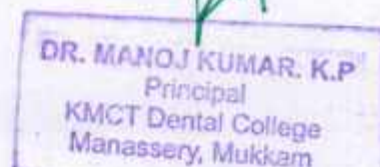


Correspondence Address :

Address : Dream Garden, Near KMCT, Manassery,
 Mukkam , Calicut
 State : Kerala
 City : Kozhikode
 Telephone(O) :
 Telephone(R) :
 Mobile No : 7902523961
 Email ID : dr.mcchanchalesh@gmail.com

Permanent Address:

Address : Malabar Quarters Near DHSS , Kanhangad
 State : Kerala
 City : Kasaragod
 Telephone(R) :



Qualification Details

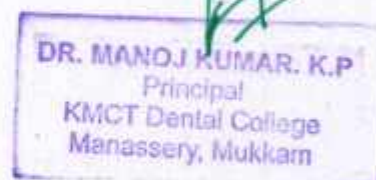
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Surgery	Lecturer	01 Dec 2020	1 Year 2 month 10 days
				1 Year 2 month 10 days



Basic Details

Faculty ID : LORS-2037542

Name : DR. SUNU VS

Registration No : 16471

Registration Date : 08 Jul 2016

State Dental Council : Kerala State Dental Council

Father Name : NIDHIN PRASAD

Gender : Female

Date of Birth : 12 Dec 1990

PAN No. : KLUPS7341H

Aadhar No. : 437886166005

I-Card No. :

Nationality : Indian

College joining date : 01 Dec 2020

Address Proof (0) :

Identity Proof (--Select--) :



Correspondence Address :

Address : PANCHAMI HOUSE,
PULLIYILANGADI, ANAKAYYAM,
MANJERI

State : Kerala

City : Malappuram

Telephone(O) :

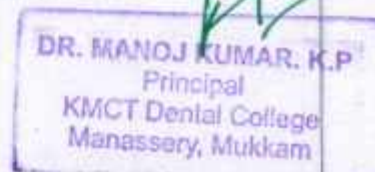
Telephone(R) :

Mobile No : 9567671405

Email ID : sunusoman2010@gmail.com

Permanent Address:

Address : PANCHAMI HOUSE,



**PULLIYILANGADI, ANAKAYYAM,
MANJERI**

State : **Kerala**
 City : **Malappuram**
 Telephone(R) :

Qualification Details

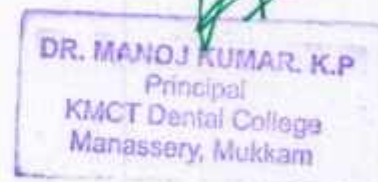
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Surgery	Lecturer	01 Dec 2020	1 Year 2 month 10 days
				1 Year 2 month 10 days



Basic Details

Faculty ID : LORS-2037549

Name : DR. SUBIN VARUGHESE MATHEW

Registration No : 14287

Registration Date : 30 Jun 2015

State Dental Council : Kerala State Dental Council

Father Name : K. V. MATHEW

Gender : Male

Date of Birth : 22 Nov 1987

PAN No. : HTCPS7799E

Aadhar No. : 286478855584

I-Card No. :

Nationality : Indian

College joining date : 18 Feb 2021

Address Proof (0) :

Identity Proof (--Select--) :



Correspondence Address

Address : KMCT Staff Quarters, Manassery-673602

State : Kerala

City : Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No : 6282277978

Email ID : drsvmathew@gmail.com

Permanent Address:

Address : Karamvelil House,
Punnakkadu-Karamveli Po,
Punnakkadu, Mallapuzhasherry,
Karamvely, Pin Code: 689 643



DR. MANOJ KUMAR. K.P.
Principal
KMCT Dental College
Manassery, Mukkam

State : **Kerala**
 City : **Pathanamthitta**
 Telephone(R) :

Qualification Details

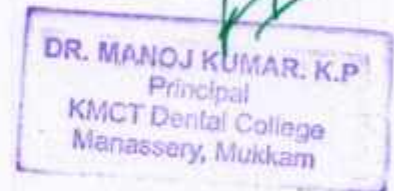
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Surgery	Lecturer	18 Feb 2021	0 Year 11 month 24 days
				0 Year 11 month 24 days



Basic Details

Faculty ID : LORS-2037550

Name : DR..DEEPTI KRISHNAN KUTTY

Registration No : 7701

Registration Date : 06 Apr 2010

State Dental Council : Kerala State Dental Council

Father Name : KRISHNANKUTTY

Gender : Female

Date of Birth : 20 Jun 1983

PAN No. : CSZPK7555H

Aadhar No. : 899165356706

I-Card No. :

Nationality : Indian

College joining date : 23 Feb 2021

Address Proof (0) :

Identity Proof (--Select--) :



Correspondence Address :

Address : 33/567, KRISHNA, A.R CAMP ROAD, P.O MERIKUNNU, Pin-673012

State : Kerala

City : Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No : 9746795860

Email ID : drdeeptikr@gmail.com

Permanent Address:

Address : 33/567, KRISHNA, A.R CAMP ROAD, P.O MERIKUNNU, Pin-673012

State : Kerala



DR. MANOJ KUMAR. K.P.
Principal
KMCT Dental College
Manassery, Mukkam

City : Kozhikode

Telephone(R) :

Qualification Details

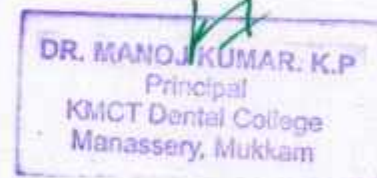
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Surgery	Lecturer	23 Feb 2021	0 Year 11 month 19 days
				0 Year 11 month 19 days



Basic Details

Faculty ID : LPSD-2011036
 Name : DR.SHEEJITH M
 Registration No : 4273
 Registration Date : 24 Nov 2006
 State Dental Council : Kerala State Dental Council
 Father Name : Balakrishnan M
 Gender : Male
 Date of Birth : 04 Jan 1977
 PAN No. : AOLPM9526Q
 Aadhar No. : 3036 5410 5548
 I-Card No. :
 Nationality : Indian
 College joining date : 01 Apr 2006
 Address Proof (102) : J1901045
 Identity Proof (Adhar Card) : 3036 5410 5548



Correspondence Address :

Address : H No 5/1412,Sabash,East
 Nadakkavu,Eranhipalam P.O, Calicut-673006
 State : Kerala
 City : Calicut
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9447261043
 Email ID : sheejithm2000@yahoo.co.in

Permanent Address:

Address : H No 5/1412,Sabash,East
 Nadakkavu,Eranhipalam P.O, Calicut-673006
 State : Kerala
 City : Calicut
 Telephone(R) :



DR. MANOJ KUMAR, K.P
 Principal
 KMCT Dental College
 Manassery, Mukkam

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Yenepoya Dental College & Hospital, Mangalore	Other	1998-99	
MDS	Prosthodontics	Govt. Dental College, Kozhikode	University of Calicut and Kerala University of Health & Allied Sciences	2006-07	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp. in Years	Exp. Certificate
KMCT Dental College, Calicut	Prosthodontics	Lecturer	01 Apr 2006	31 Mar 2010	3 years 11 months 31 days	
KMCT Dental College, Calicut	Prosthodontics	Reader	01 Apr 2010	31 Mar 2015	4 years 11 months 31 days	
KMCT Dental College, Calicut	Prosthodontics	Professor	01 Apr 2006	01 Jul 2018	12 years 3 months 1 day	
					21 Year	
					Total 3 Exp. month 3 days	

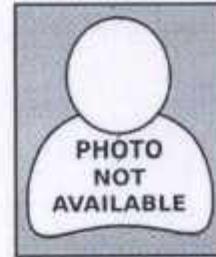
Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Prosthodontics	Professor & HOD	02 Jul 2018	3 Year 7 month 9 days
24 Year 10 month 12 days				



Basic Details

Faculty ID : LPSD-2011028
 Name : DR.SWAPNA C
 Registration No : 2667
 Registration Date : 05 Feb 2013
 State Dental Council : Kerala State Dental Council
 Father Name : Bhaskaran
 Gender : Female
 Date of Birth : 29 May 1973
 PAN No. : BLVPS7581P
 Aadhar No. : 3816 3955 9459
 I-Card No. :
 Nationality : Indian
 College joining date : 06 Jan 2005
 Address Proof (103) : KL/04/025/264602
 Identity Proof (Adhar Card) : 3816 3955 9459



Correspondence Address :

Address : Pournami, Karuvanpoyil,
 Koduvally, Calicut, PIN-673572
 State : Kerala
 City : Calicut
 Telephone(O) : 04952290690
 Telephone(R) :
 Mobile No : 9447218893
 Email ID : drswapnabhavana@gmail.com

Permanent Address:

Address : Pournami, Karuvanpoyil,
 Koduvally, Calicut, PIN-673572
 State : Kerala
 City : Calicut
 Telephone(R) :



DR. MANOJ KUMAR. K.P.
 Principal
 KMCT Dental College
 Manassery, Mukkam

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Govt. Dental College, Kozhikode	University of Calicut and Kerala University of Health & Allied Sciences	1996-97	
MDS	Prosthodontics	Govt. Dental College, Kozhikode	University of Calicut and Kerala University of Health & Allied Sciences	2001-02	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
KMCT Dental College, Calicut	Prosthodontics	Lecturer	06 Jan 2005	05 Jan 2009	3 years 11 months 31 days	
KMCT Dental College, Calicut	Prosthodontics	Reader	06 Jan 2009	05 Jan 2014	4 years 11 months 31 days	
					9 Year Total 0 Exp. month 2 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Prosthodontics	Professor	06 Jan 2014	8 Year 1 month 5 days
				17 Year 1 month 7 days



DR. MANOJ KUMAR, K.P.
Principal
KMCT Dental College
Manassery, Mukkam

Basic Details

Faculty ID : LPSD-2011038

Name : DR. RANJITH M

Registration No : 8181

Registration Date : 01 Jan 2011

State Dental Council : Kerala State Dental Council

Father Name : V M Madhavan

Gender : Male

Date of Birth : 16 Feb 1978

PAN No. : AJLPR6140A

Aadhar No. : 7405 1253 0816

I-Card No. :

Nationality : Indian

College joining date : 01 Jun 2010

Address Proof (103) : DSL1778950

Identity Proof (Adhar Card) : 7405 1253 0816



Correspondence Address :

Address : Athira " 27/617/B , P.O
Kuthiravattom, Calicut-673016

State : Kerala

City : Calicut

Telephone(O) :

Telephone(R) :

Mobile No : 9497647636

Email ID : drranjith_madhavan@yahoo.co.in

Permanent Address:

Address : Athira " 27/617/B , P.O
Kuthiravattom, Calicut-673016

State : Kerala

City : Calicut



DR. MANOJ KUMAR K.P.
Principal
KMCT Dental College
Manassery, Mukkam

Telephone(R) :

Qualification Details

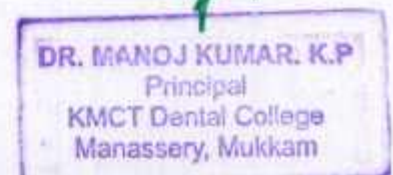
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	JSS Dental College & Hospital, Mysore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2003-04	
MDS	Prosthodontics	JSS Dental College & Hospital, Mysore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2010-11	
MDS	Prosthodontics	JSS Dental College & Hospital, Mysore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2010-11	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
KMCT Dental College, Calicut	Prosthodontics	Lecturer	01 Jun 2010	31 May 2014	3 years 11 months 31 days	
					3 Year	
					Total 12 month 1 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Prosthodontics	Reader	01 Jun 2014	7 Year 8 month 10 days
				10 Year 20 month 11 days



Basic Details

Faculty ID : LPSD-2005266
 Name : DR.JOSEPH THOMAS.K
 Registration No : 6536
 Registration Date : 17 Sep 2007
 State Dental Council : Kerala State Dental Council
 Father Name : THOMAS MATHEW
 Gender : Male
 Date of Birth : 21 Aug 1982
 PAN No. : ALKPJ2045D
 Aadhar No. :
 I-Card No. :
 Nationality : Indian
 College joining date : 29 Sep 2021
 Address Proof (0) : J7627584
 Identity Proof (Voter-ID) : MLB1106103

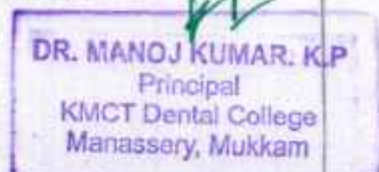


Correspondence Address :

Address : A/16 HILL VIEW COLONY,
 CHEVAYUR.P.O,CALICUT
 State : Kerala
 City : CALICUT
 Telephone(O) :
 Telephone(R) :
 Mobile No : 7736827997
 Email ID : josekanjickal@gmail.com

Permanent Address:

Address : A/16 HILL VIEW COLONY,
 CHEVAYUR.P.O,CALICUT
 State : Kerala
 City : CALICUT
 Telephone(R) :



Qualification Details

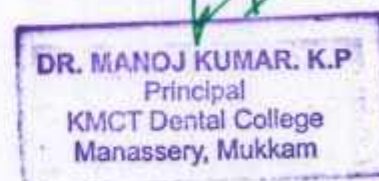
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Govt. Dental College, Kozhikode	Other	2005-06	
MDS	Prosthodontics	Yenepoya Dental College & Hospital, Mangalore	Yenepoya University, Mangalore	2011-12	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
Mahe Institute of Dental Sciences & Hospital, Mahe	Prosthodontics	Lecturer	01 Oct 2012	24 May 2017	4 years 7 months 24 days	
					4 Year 7 month 24 days	
					Total Exp.	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Prosthodontics	Lecturer	01 Oct 2012	9 Year 4 month 10 days
				13 Year 11 month 34 days



Basic Details

Faculty ID : LPSD-2007233
 Name : DR. KARTHIKEYAN C.R.
 Registration No : 4170
 Registration Date : 09 Sep 1999
 State Dental Council : Kerala State Dental Council
 Father Name : Mr. R. Chockalingam
 Gender : Male
 Date of Birth : 27 Mar 1975
 PAN No. : AGBPC0547P
 Aadhar No. : 234807484509
 I-Card No. :
 Nationality : Indian
 College joining date : 01 Sep 2021
 Address Proof (101) : 234807484509
 Identity Proof (Voter-ID) : BXD1338490



Correspondence Address :

Address : KMCT STAFF QUARTERS, MANASSERY, MUKKKAM-673602
 State : Kerala
 City : Kozhikode
 Telephone(O) :
 Telephone(R) : 04842311310
 Mobile No : 9645962423
 Email ID : crkkn@yahoo.co.in

Permanent Address:

Address : H NO 260, 15th Cross Road, Kadavanthra
 p.o. Girinagar
 State : Kerala
 City : Kochi
 Telephone(R) :



DR. MANOJ KUMAR. K.P.
 Principal
 KMCT Dental College
 Manassery, Mukkam

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
MDS	Prosthodontics	Meenakshi Ammal Dental College & Hospital, Chennai	Meenakshi Academy of Higher Education & Research, Chennai	2009-10	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
Al-Azhar Dental College, Kerala	Prosthodontics	Lecturer	08 Mar 2010	07 Mar 2012	1 year 11 months 29 days	
Annoor Dental College & Hospital, Ernakulam	Prosthodontics	Lecturer	08 Mar 2012	01 May 2014	2 years 1 month 24 days	
Annoor Dental College & Hospital, Ernakulam	Prosthodontics	Reader	01 May 2014	30 Jun 2017	3 years 1 month 30 days	
					7 Year	
					Total 3	
					Exp. month 23 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Prosthodontics	Reader	01 Sep 2021	0 Year 5 month 10 days
				7 Year 8 month 33 days



Basic Details

Faculty ID : LPSD-2020941
 Name : DR.NICHOLAS MATHEW
 Registration No : 8109
 Registration Date : 24 Nov 2010
 State Dental Council : Kerala State Dental Council
 Father Name : Mathew Nicholas
 Gender : Male
 Date of Birth : 19 Jul 1985
 PAN No. : AWLPN4823D
 Aadhar No. : 7047 04691742
 I-Card No. :
 Nationality : Indian
 College joining date : 20 Feb 2017
 Address Proof (100) : 11/4881/2004
 Identity Proof (Adhar Card) : 7047 04691742



Correspondence Address :

Address : Keekkarikattoor House, Malaparamba Housing Colony, Kozhikode-673009
 State : Kerala
 City : Kozhikode
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9447411630
 Email ID : nicholas1985kk@gmail.com

Permanent Address:

Address : Keekkarikattoor House, Koodathai Bazar P.O, Thamarassery, Kozhikode-673573
 State : Kerala
 City : Kozhikode
 Telephone(R) :



DR. MANOJ KUMAR. K.P.
 Principal
 KMCT Dental College
 Manassery, Mukkam

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Century International Institute of Dental Science & Research Center, Kasaragod	Kannur University, Kannur	2009-10	
MDS	Prosthodontics	Pushpagiri College of Dental Sciences, Tiruvalla	Kerala University of Health Sciences, Thrissur	2016-17	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Prosthodontics	Lecturer	20 Feb 2017	4 Year 11 month 22 days
				4 Year 11 month 22 days




DR. MANOJ KUMAR. K.P
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 KMCT Dental College
 Manassery, Mukkam

Basic Details

Faculty ID : LPSD-2029214

Name : DR.ABU NAZAR N

Registration No : 13445

Registration Date : 31 Mar 2015

State Dental Council : Kerala State Dental Council

Father Name : A NAZARULLAH

Gender : Male

Date of Birth : 09 Nov 1989

PAN No. : DAFPA4728B

Aadhar No. : 790733298408

I-Card No. :

Nationality : Indian

College joining date : 13 Nov 2018

Address Proof (100) :

Identity Proof (Driving Licence) :



Correspondence Address :

Address : CHIRAYIL HOUSE,
CHERUKUNNAM, VARKALA PO,
THIRUVANANTHAPURAM (DT)

State : Kerala

City : THIRUVANANTHAPURAM

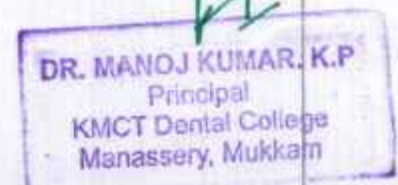
Telephone(O) :

Telephone(R) :

Mobile No : 7012657855

Email ID : abhukkaa@gmail.com

Permanent Address:



Address : **CHIRAYIL HOUSE,
CHERUKUNNAM, VARKALA PO,
THIRUVANANTHAPURAM (DT)**

State : **Kerala**

City : **THIRUVANANTHAPURAM**

Telephone(R) :

Qualification Details

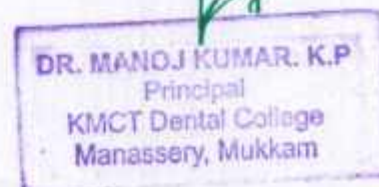
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	SDM College of Dental Sciences & Hospital, Dharwad	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2013-14	
MDS	Prosthodontics	Pushpagiri College of Dental Sciences, Tiruvalla	Kerala University of Health Sciences, Thrissur	2017-18	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Prosthodontics	Lecturer	13 Nov 2018	3 Year 2 month 29 days
				3 Year 2 month 29 days



Basic Details

Faculty ID : LPSD-2029661

Name : DR. MONISHA V S

Registration No : 8893

Registration Date : 03 Dec 2011

State Dental Council : Kerala State Dental Council

Father Name : SUNDARAN VAKKETH

Gender : Female

Date of Birth : 06 May 1986

PAN No. : BGYPV5196B

Aadhar No. : 478018984153

I-Card No. :

Nationality : Indian

College joining date : 21 Nov 2018

Address Proof (101) : 881631594354

Identity Proof (Driving Licence) : 54/4672/2009



Correspondence Address :

Address : VAKKETH, VAISHNAVAM, CHIYYANOOR, KOKKUR PO MALAPPURAM KERALA - 679591

State : Kerala

City : MALAPPURAM

Telephone(O) :

Telephone(R) :

Mobile No : 8078176224

Email ID : monisha.vaishnavam@gmail.com

Permanent Address:

Address : VAKKETH, VAISHNAVAM,



DR. MANOJ KUMAR. K.P.
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KMCT Dental College
Manassery, Mukkam

**CHIYYANOOR, KOKKUR PO
MALAPPURAM KERALA - 679591**

State : Kerala
City : Malappuram
Telephone(R) :

Qualification Details

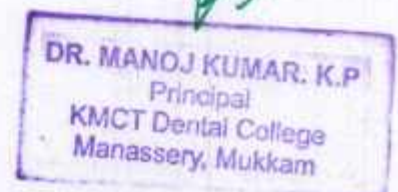
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Prosthodontics	Lecturer	24 Nov 2018	3 Year 2 month 18 days
				3 Year 2 month 18 days



Basic Details

Faculty ID : LPSD-2031965
 Name : DR.AKHILA S ABOOBACKER
 Registration No : 15715
 Registration Date : 22 Apr 2016
 State Dental Council : Kerala State Dental Council
 Father Name : ABOOBACKER
 Gender : Female
 Date of Birth : 06 Sep 1991
 PAN No. : CPRPA6674L
 Aadhar No. : 949456214522
 I-Card No. :
 Nationality : Indian
 College joining date : 18 Nov 2019
 Address Proof (100) :
 Identity Proof (Driving Licence) :

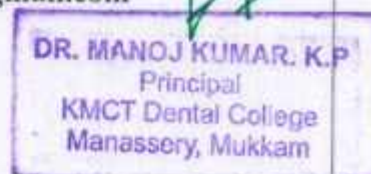


Correspondence Address :

Address : Parambadan House, Chandakunnu PO,
 Nilambur, Malappuram District, Kerala, Pin
 - 679329
 State : Kerala
 City : Malappuram
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9746529883
 Email ID : drakhilaabooabacker@gmail.com

Permanent Address:

Address : Parambadan House, Chandakunnu PO,
 Nilambur, Malappuram District, Kerala, Pin
 - 679329
 State : Kerala



City : **MALAPPUARAM**
 Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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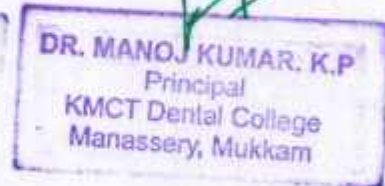
Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Prosthodontics	Lecturer	18 Nov 2019	2 Year 2 month 24 days

2 Year 2 month 24 days



Basic Details

Faculty ID : LPSD-2034216
 Name : DR. NIVEA T FRANCIS
 Registration No : 32901 A
 Registration Date : 20 Dec 2013
 State Dental Council : Karnataka State Dental Council
 Father Name : FRANCIS T J
 Gender : Female
 Date of Birth : 16 Feb 1991
 PAN No. : AGDPF5634L
 Aadhar No. : 802427074934
 I-Card No. :
 Nationality : Indian
 College joining date : 14 Dec 2019
 Address Proof (101) : 802427074934
 Identity Proof (Voter-ID) : AVI0277251



Correspondence Address :

Address : D/O: Francis, Theckiniyath, Padinharethara
 State : Kerala
 City : Wayanad
 Telephone(O) :
 Telephone(R) :
 Mobile No : 7829853121
 Email ID : nivfra90@gmail.com

Permanent Address:

Address : D/O: Francis, Theckiniyath, Padinharethara
 State : Kerala



DR. MANOJ KUMAR. K.P.
 Principal
 KMCT Dental College
 Manassery, Mukkam

City : Wayanad

Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Rajarajeswari Dental College & Hospital, Bangalore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2012-13	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Prosthodontics	Lecturer	14 Dec 2019	2 Year 1 month 28 days
				2 Year 1 month 28 days



DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

Basic Details

Faculty ID : LPSPD-2037466

Name : DR. ANUSREE GOPINATH

Registration No : 17683

Registration Date : 08 Feb 2017

State Dental Council : Kerala State Dental Council

Father Name : R GOPINATHAN NAIR

Gender : Female

Date of Birth : 17 Aug 1991

PAN No. : CLSPG4093A

Aadhar No. : 935416822680

I-Card No. :

Nationality : Indian

College joining date : 17 Feb 2021

Address Proof (0) :

Identity Proof (--Select--) :



Correspondence Address :

Address : KMCT STAFF QUARTERS,
MANASSERY, MUKKAM,
KOZHIKODE-673602

State : Kerala

City : Kozhikode

Telephone(O) :

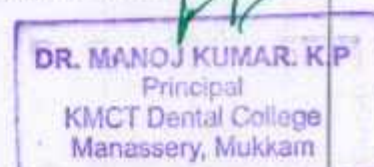
Telephone(R) :

Mobile No :

Email ID : anusreegopinath10@gmail.com

Permanent Address:

Address : Visakhom, Valiyakunnu, Kizhuvilam
P.O, Attingal, Trivandrum , Kerala



,695104

State : Kerala
 City : Thiruvananthapuram
 Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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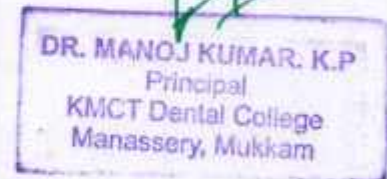
Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Prosthodontics	Lecturer	17 Feb 2021	0 Year 11 month 25 days

0 Year 11 month 25 days



Basic Details

Faculty ID : LPSD-2037531

Name : DR. ARUN RAJENDRAN

Registration No : 26980

Registration Date : 08 Feb 2021

State Dental Council : Kerala State Dental Council

Father Name : RAJENDRA KUMAR

Gender : Male

Date of Birth : 31 May 1993

PAN No. : CQSPR0430D

Aadhar No. : 520314839114

I-Card No. :

Nationality : Indian

College joining date : 01 Dec 2020

Address Proof (0) :

Identity Proof (--Select--) :



Correspondence Address :

Address : FLAT B-11, QUEENS WINDSOR CASTLE, PAROPPADY, MALAPARAMBA P.O, Pin:673009

State : Kerala

City : Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No : 0636660558

Email ID : arunkle114@gmail.com

Permanent Address:

Address : FLAT B-11, QUEENS WINDSOR CASTLE, PAROPPADY, MALAPARAMBA P.O, Pin:673009



DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

State : Kerala
 City : Kozhikode
 Telephone(R) :

Qualification Details

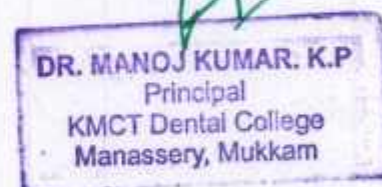
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Prosthodontics	Lecturer	01 Dec 2020	1 Year 2 month 10 days
				1 Year 2 month 10 days



Basic Details

Faculty ID : LPSD-2037468

Name : DR. NILA S DAS

Registration No : 24515

Registration Date : 10 Jan 2020

State Dental Council : Kerala State Dental Council

Father Name : Dasan

Gender : Female

Date of Birth : 24 Mar 1993

PAN No. : AUMPN1554A

Aadhar No. : 910587459513

I-Card No. :

Nationality : Indian

College joining date : 23 Feb 2021

Address Proof (0) :

Identity Proof (--Select--) :



Correspondence Address :

Address : Kottakkunnummal Nalinam (HO), Kollam (Po), Kozhikode

State : Kerala

City : Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No : 9606160796

Email ID : nilasdas@gmail.com

Permanent Address:

Address

Kottakkunnummal Nalinam (HO),
Kollam (Po), Kozhikode



DR. MANOJ KUMAR. K.P.
Principal
KMCT Dental College
Manassery, Mukkam

Basic Details

Faculty ID : LPDD-2021866
 Name : DR.AMITH ADYANTHAYA
 Registration No : 4616-A
 Registration Date : 19 Aug 1997
 State Dental Council : Karnataka State Dental Council
 Father Name : SH. H.S.ADYANTHAYA
 Gender : Male
 Date of Birth : 14 Jul 1973
 PAN No. : AFOPA4878B
 Aadhar No. : 6469 5814 05
 I-Card No. :
 Nationality : Indian
 College joining date : 10 Mar 2012
 Address Proof (102) : M7441667
 Identity Proof (Adhar Card) : 6469 5814 0517

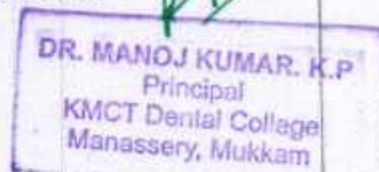


Correspondence Address :

Address : DR. AMITHS ADYANTHAYA STAFF QUARTERS NO5 KMCT DENTEL COLLAGE. MANASSERY MANASSERY .P.O. MUKKAM KOZHIKODE KERALA- 673602
 State : Kerala
 City : CALICUT
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9845721196
 Email ID : amith.adyanthaya@gmail.com

Permanent Address:

Address : S/O HARIAPAPA SOMASUNDAR ADYANTHAYA, DAIMOND CITY FLAT NO 1104 a BLOCK, MARNAMIKATTE



**CIRCLE, MANGALORE, DAKSHINA
KANNADA, KARNATAKA-575001**

State : **Karnataka**
City : **MANGALORE**
Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
--------------------	------------	--------------	-----------------	------	--------------------

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
KMCT Dental College, Calicut	Pedodontics	Reader	10 Mar 2012	01 Nov 2017	5 years 7 months 23 days	
					5 Year	
				Total Exp.	7 month 23 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Pedodontics	Professor	02 Nov 2017	4 Year 3 month 9 days
				9 Year 10 month 32 days



DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

Basic Details

Faculty ID : LPDD-2012692

Name : DR. MARIUM RAHEEMA

Registration No : 12710-A

Registration Date : 06 Mar 2010

State Dental Council : Karnataka State Dental Council

Father Name : W/o Dr Anwar MH

Gender : Female

Date of Birth : 06 Jul 1978

PAN No. : AZQPM7398J

Aadhar No. : 4001 5326 1338

I-Card No. :

Nationality : Indian

College joining date : 17 Jul 2009

Address Proof (102) : L1573921

Identity Proof (Adhar Card) : 4001 5326 1338



Correspondence Address :

Address : Korangayil, Chevarambalam(PO), Pottammal, Behind Chevayur Co-Op Bank, Calicut-673017

State : Kerala

City : Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No : 0825523441

Email ID : marium@gmail.com

Permanent Address:

Address : Korangayil, Chevarambalam(PO), Pottammal, Behind Chevayur Co-Op Bank, Calicut-673017



DR. MANOJ KUMAR, K.P.
Principal
KMCT Dental College
Manassery, Mukkam

State : **Kerala**
 City : **kozhikode**
 Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Yenepoya Dental College & Hospital, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2001-02	
MDS	Pedodontics	Yenepoya Dental College & Hospital, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2009-10	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
KMCT Dental College, Calicut	Pedodontics	Lecturer	17 Jul 2009	16 Jul 2013	3 years 11 months 30 days	
					3 Year	
					Total 11 month 30 days	

Current Designation Working Details:

Present College

KMCT Dental College,
Calicut

Department

Pedodontics

Designation

Reader

Deignation joining date

17 Jul 2013

Experience

8 Year 6 month 25 days

11 Year 17 month 55 days



Basic Details

Faculty ID : LPDD-2033057

Name : DR. GEORGE BABU

Registration No : 44757-A

Registration Date : 10 Apr 2019

State Dental Council : Karnataka State Dental Council

Father Name : BABU P VARGHESE

Gender : Male

Date of Birth : 10 Jan 1985

PAN No. : BTGPB0721D

Aadhar No. : 939053649329

I-Card No. :

Nationality : Indian

College joining date : 16 Aug 2021

Address Proof (101) : 939056649329

Identity Proof (Voter-ID) : XXFO370098



Correspondence Address :

Address : KMCT DENTAL COLLEGE, MANASSERY, MUKKAM-673602

State : Kerala

City : Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No : 8589851446

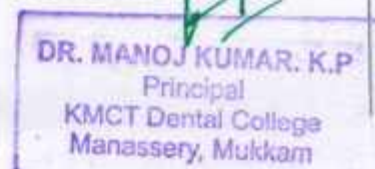
Email ID : drgeorgebabu75@gmail.com

Permanent Address:

Address : Pulayath House, Ambala Mugal, Near IOC Bus Stop, Ernakulam

State : Kerala

City : Ernakulam



Telephone(R) :

Qualification Details

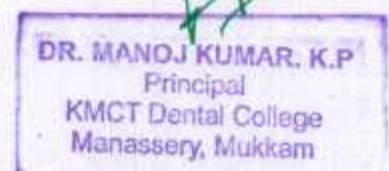
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Sri Ramachandra Dental College & Hospital, Porur	Sri Ramachandra University, Chennai	2008-09	
MDS	Pedodontics	Coorg Institute of Dental Sciences, Virajpat	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2013-14	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
Kannur Dental College, kannur	Pedodontics	Assistant Professor	17 Jun 2013	17 Jun 2014	1 year 0 month 1 day	
St. Gregorios Dental College, Ernakulam	Pedodontics	Assistant Professor	23 Jun 2014	07 Nov 2016	2 years 4 months 16 days	
Coorg Institute of Dental Sciences, Virajpat	Pedodontics	Assistant Professor	01 Dec 2017	16 Jul 2018	0 year 7 months 16 days	
Coorg Institute of Dental Sciences, Virajpat	Pedodontics	Reader	17 Jul 2018	12 Aug 2021	3 years 0 month 27 days	
					7 Year	
					Total 11 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Pedodontics	Reader	16 Aug 2021	0 Year 5 month 26 days
				7 Year 6 month 26 days



Basic Details

Faculty ID : LPDD-2015479

Name : ARCHANA A THOMAS

Registration No : 6653

Registration Date : 31 Mar 2008

State Dental Council : Kerala State Dental Council

Father Name : K.Thomas

Gender : Female

Date of Birth : 10 Oct 1978

PAN No. : AHCPT8430C

Aadhar No. : 914557434120

I-Card No. : PED00729

Nationality : Indian

College joining date : 01 Dec 2020

Address Proof (100) : 43/4794/2010

Identity Proof (Voter-ID) : NWK0321117



Correspondence Address :

Address : KMCT STAFF QUARTERS,
MANASSERY, MUKKAM-673602

State : Kerala

City : Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No : 9895719499

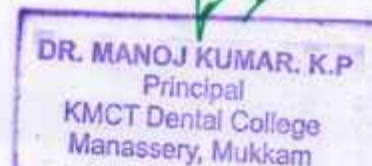
Email ID : arcjon@gmail.com

Permanent Address:

Address : Barakalampatt, 36/1839 A, Elamkulam
Road, Kaloor, Kochi-17

State : Kerala

City : Ernakulam



Telephone(R) :

Qualification Details

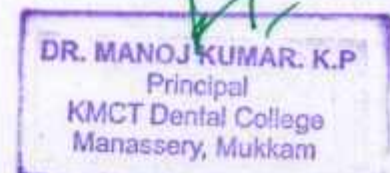
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Yencopya Dental College & Hospital, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2000-01	
MDS	Pedodontics	Manipal College of Dental Sciences, Manipal	Manipal University, Manipal	2004-05	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
Indira Gandhi Institute of Dental Sciences, Kothamangalam	Pedodontics	Lecturer	01 Nov 2007	01 Jan 2011	3 years 2 months 1 day	
St. Gregorios Dental College, Ernakulam	Pedodontics	Lecturer	01 Jul 2011	01 May 2012	0 year 10 months 1 day	
St. Gregorios Dental College, Ernakulam	Pedodontics	Reader	02 May 2012	02 May 2017	5 years 0 month 1 day	
St. Gregorios Dental College, Ernakulam	Pedodontics	Professor	03 May 2017	12 Jul 2017	0 year 2 months 10 days	
					9 Year	
					Total 2 month 13 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Pedodontics	Professor	01 Dec 2020	1 Year 2 month 10 days
				10 Year 4 month 23 days



Basic Details

Faculty ID : LPDD-2010963
Name : DR. ASIF ISMAIL
Registration No : 14635
Registration Date : 30 Sep 2015
State Dental Council : Kerala State Dental Council
Father Name : K. M. ISMAIL
Gender : Male
Date of Birth : 25 Aug 1983
PAN No. : AESPI6432C
Aadhar No. : 790403669508
I-Card No. :
Nationality : Indian
College joining date : 05 Jul 2021
Address Proof (101) : 790403669508
Identity Proof (Driving Licence) : 45/1238/2009



Correspondence Address :

Address : HOUSE NO. OPPOSITE ANNOOR DENTAL COLLEGE & HOSPITAL, MUVATTUPUZHA
State : Kerala
City : ERNAKULAM
Telephone(O) :
Telephone(R) :
Mobile No : 7025672828
Email ID : orchidasif@yahoo.com

Permanent Address:

Address : ORCHID VILLA, OPP. MALA POLICE STATION, MALA P.O., THRISSUR DIST.



DR. MANOJ KUMAR. K.P.
Principal
KMCT Dental College
Manassery, Mukkam

State : Kerala
 City : THRISSUR
 Telephone(R) :

Qualification Details

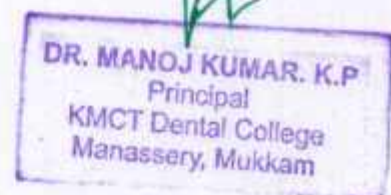
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Yenepoya Dental College & Hospital, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2009-10	
MDS	Pedodontics	Yenepoya Dental College & Hospital, Mangalore	Yenepoya University, Mangalore	2013-14	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
Annoor Dental College & Hospital, Ernakulam	Pedodontics	Lecturer	01 Jan 2015	02 Jan 2019	4 years 0 month 2 days	
Annoor Dental College & Hospital, Ernakulam	Pedodontics	Reader	03 Jan 2019	30 Jun 2021	2 years 5 months 28 days	
Total Exp.					6 Year 5 month 30 days	

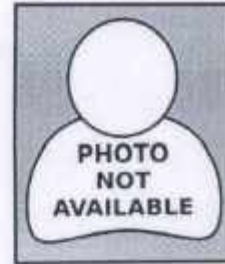
Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Pedodontics	Reader	05 Jul 2021	0 Year 7 month 6 days
				6 Year 12 month 36 days



Basic Details

Faculty ID : LPDD-2028985
 Name : DR.ANJU R V
 Registration No : 11079
 Registration Date : 30 Nov 2014
 State Dental Council : Kerala State Dental Council
 Father Name : RAMAKRISHNAN T
 Gender : Female
 Date of Birth : 29 Aug 1988
 PAN No. : UNDEFINED
 Aadhar No. : 761077170556
 I-Card No. :
 Nationality : Indian
 College joining date : 04 Oct 2018
 Address Proof (101) : 761077170556
 Identity Proof (Voter-ID) : NPC0081422



Correspondence Address :

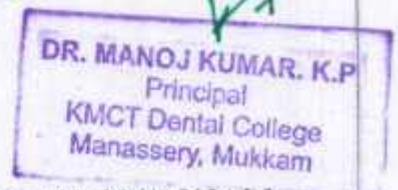
Address : D/O RAMAKRISHNAN, 306/ANJALI, KOLAKKUTH , Elannummal, Chelambra, MALAPPURAM
 State : Kerala
 City : MALAPPURAM
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9994680710
 Email ID : r.vanju29@yahoo.com

Permanent Address

Address



D/O RAMAKRISHNAN, 306/ANJALI, KOLAKKUTH , Elannummal, Chelambra, MALAPPURAM



State : **Kerala**
 City : **MALAPPURAM**
 Telephone(R) :

Qualification Details

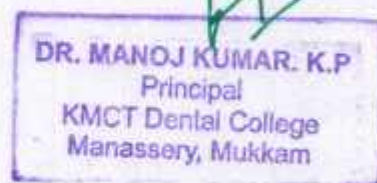
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Pedodontics	Lecturer	03 Oct 2018	3 Year 4 month 8 days
			3 Year 4 month 8 days	



Basic Details

Faculty ID : LPDD-2031728

Name : DR. KARTHIK NAIR

Registration No : 37088 A

Registration Date : 05 Apr 2016

State Dental Council : Karnataka State Dental Council

Father Name : GOPINATHAN NAIR

Gender : Male

Date of Birth : 12 Oct 1991

PAN No. : ARIPN9567C

Aadhar No. : 492137301967

I-Card No. :

Nationality : Indian

College joining date : 26 Aug 2019

Address Proof (101) : 492137301967

Identity Proof (Driving Licence) : 33/3721//2010



Correspondence Address :

Address : PATHANADU KANGAZHA, KANGAZHA, CHANGANASSERY, KOTTAYAM

State : Kerala

City : CHANGANASSERY

Telephone(O) :

Telephone(R) :

Mobile No : 9447602119

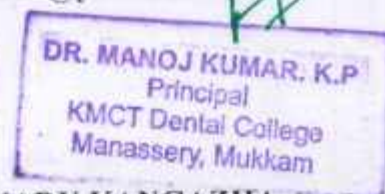
Email ID : karthik1210@yahoo.com

Permanent Address:

Address



PATHANADU KANGAZHA,



**KANGAZHA, CHANGANASSERY,
KOTTAYAM**

State : Kerala

City : CHANGANASSERY

Telephone(R) :

Qualification Details

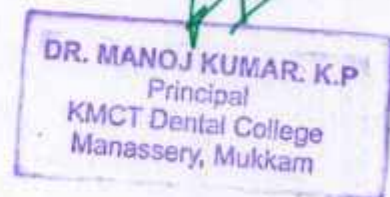
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Pedodontics	Lecturer	26 Aug 2019	2 Year 5 month 16 days
				2 Year 5 month 16 days



Basic Details

Faculty ID	:	LPDD-2036731	
Name	:	DR. AFROZA K K	
Registration No	:	8272	
Registration Date	:	18 Jan 2011	
State Dental Council	:	Kerala State Dental Council	
Father Name	:	Pokker Kudiyanman Kandiyl	
Gender	:	Female	
Date of Birth	:	15 Mar 1984	
PAN No.	:	EAQPA8556M	
Aadhar No.	:	518657691166	
I-Card No.	:		
Nationality	:	Indian	
College joining date	:	01 Dec 2020	
Address Proof (101)	:	518657691166	
Identity Proof (Voter-ID)	:	518657691166	

Correspondence Address :

Address	:	Keeranthodika House, P.O.Kodiyathur, Mukkam-673602
State	:	Kerala
City	:	Kozhikode
Telephone(O)	:	
Telephone(R)	:	
Mobile No	:	9526020268
Email ID	:	afrznasmkk@gmail.com

Permanent Address:

Address	:	* Keeranthodika House, P.O.Kodiyathur, Mukkam-673602
State	:	Kerala



DR. MANOJ KUMAR. K.P.
Principal
KMCT Dental College
Manassery, Mukkam

City : Kozhikode

Telephone(R) :

Qualification Details

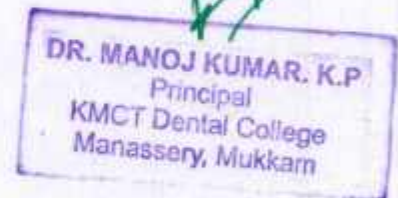
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total	0 Year 0	
				Exp.	month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Pedodontics	Lecturer	01 Dec 2020	1 Year 2 month 10 days
				1 Year 2 month 10 days



Basic Details

Faculty ID : LPDD-2036697

Name : DR. VIDHYA VIJAYAN

Registration No : 18371

Registration Date : 25 Sep 2020

State Dental Council : Kerala State Dental Council

Father Name : Vijayakumar Gopalan

Gender : Female

Date of Birth : 12 Jun 1992

PAN No. : BGIPV7465B

Aadhar No. : 388295408297

I-Card No. :

Nationality : Indian

College joining date : 01 Dec 2020

Address Proof (101) : 388295408297

Identity Proof (Pass-Port) : R1995324



Correspondence Address :

Address : Sai Nidhi TC 17/347 (5)Chadiyara, Poojappura-695012

State : Kerala

City : Thiruvananthapuram

Telephone(O) :

Telephone(R) :

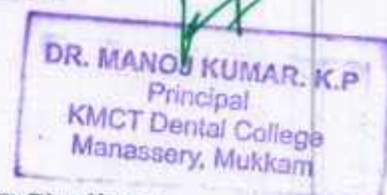
Mobile No : 7356301006

Email ID : vidhu.sainidhi@gmail.com

Permanent Address:

Address : Sai Nidhi TC 17/347 (5)Chadiyara, Poojappura-695012

State : Kerala



City : **Thiruvananthapuram**
 Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
--------------------	------------	--------------	-----------------	------	--------------------

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Pedodontics	Lecturer	01 Dec 2020	1 Year 2 month 10 days



DR. MANOJ KUMAR. K.P
 Principal
 KMCT Dental College
 Manassery, Mukkam

Basic Details

Faculty ID : LPDD-2036698

Name : DR. DARSHANA V

Registration No : 11575

Registration Date : 28 Mar 2014

State Dental Council : Kerala State Dental Council

Father Name : V T Vinod

Gender : Female

Date of Birth : 25 Nov 1990

PAN No. : AXUPV1294Q

Aadhar No. : 835700345183

I-Card No. :

Nationality : Indian

College joining date : 16 Feb 2021

Address Proof (101) : 835700345183

Identity Proof (Driving Licence) : 835700345183



Correspondence Address :

Address : APARTMENT NO. 10 A,
TRAVANCORE HEIGHTS
APARTMENTS, KARAPARAMBA-
673010

State : Kerala

City : Kozhikode

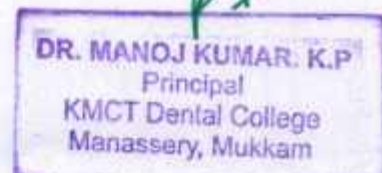
Telephone(O) :

Telephone(R) :

Mobile No : 9946216630

Email ID : dr.v.darshana@gmail.com

Permanent Address:



Address : APARTMENT NO. 10 A,
TRAVANCORE HEIGHTS
APARTMENTS, KARAPARAMBA-
673010

State : Kerala

City : Kozhikode

Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Pedodontics	Lecturer	16 Feb 2021	0 Year 11 month 26 days
				0 Year 11 month 26 days



DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mulkam

Basic Details

Faculty ID : LOMD-2012732
 Name : DR. MANOJ VENGAL
 Registration No : 2328
 Registration Date : 20 Sep 2000
 State Dental Council : Kerala State Dental Council
 Father Name : Matius Vengal
 Gender : Male
 Date of Birth : 22 Sep 1972
 PAN No. : ABZPV3204F
 Aadhar No. : 835860853377
 I-Card No. :
 Nationality : Indian
 College joining date : 28 Aug 2014
 Address Proof (103) : ARA0507715
 Identity Proof (Adhar Card) : 835860853377

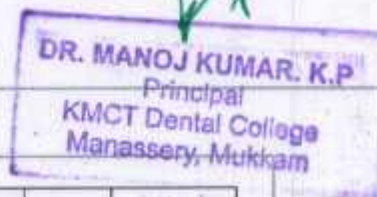


Correspondence Address :

Address : KMCT Staff Quarters, Manassery, Kozhikode-673602
 State : Kerala
 City : Kozhikode
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9446475139
 Email ID : manojvengal@gmail.com

Permanent Address:

Address : TC 11/0843,VENGAL
 MANACKAL,KESAVADASAPURAM,TRIVANDRUM,KERALA-695004
 State : Kerala
 City : Trivandrum
 Telephone(R) :



Qualification Details

Course Degree Name	Speciality	College Name	City Name	Year	Attach Certificate
BDS	N/A	Manipal College of Dental Sciences, Mangalore	Manipal University, Manipal	1997-98	#
MDS	Oral Medicine	Manipal College of Dental Sciences, Manipal	Manipal University, Manipal	2000-01	#

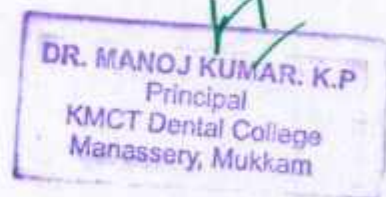
Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
Sri Ramachandra Dental College & Hospital, Porur	Oral Medicine	Lecturer	09 Dec 2000	23 Feb 2002	1 year 2 months 15 days	
Manipal College of Dental Sciences, Manipal	Oral Medicine	Assistant Professor	06 May 2002	05 Nov 2005	3 years 5 months 31 days	
Manipal College of Dental Sciences, Manipal	Oral Medicine	Associate Professor	06 Nov 2005	13 Dec 2008	3 years 1 month 8 days	
MES Dental College, Malappuram	Oral Medicine	Professor & HOD	15 Dec 2008	22 Mar 2012	3 years 3 months 8 days	
Vyas Dental College & Hospital, Jodhpur	Oral Medicine	Professor & HOD	26 Mar 2012	31 Jul 2014	2 years 4 months 6 days	
					13 Year	
				Total Exp.	5 month 8 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Medicine	Professor	28 Aug 2014	7 Year 5 month 14 days

20 Year 10 month 22 days



Basic Details

Faculty ID : LOMD-2012742

Name : DR. ASHIR K.R

Registration No : 4989

Registration Date : 04 Aug 2011

State Dental Council : Kerala State Dental Council

Father Name : Hamza K.R

Gender : Male

Date of Birth : 01 Feb 1977

PAN No. : BCHPA3786M

Aadhar No. : 9659 7967 4605

I-Card No. :

Nationality : Indian

College joining date : 16 Jun 2011

Address Proof (102) : K8900929

Identity Proof (Adhar Card) : 9659 7967 4605



Correspondence Address :

Address : 690(420) , Kolikkal House
Unnikulam, P.O, Thamarassery,
Calicut-673574

State : Kerala

City : Kozhikode

Telephone(O) :

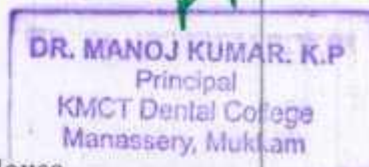
Telephone(R) :

Mobile No : 9645456633

Email ID : krashirkr@yahoo.in

Permanent Address:

Address : 690(420) , Kolikkal House
Unnikulam, P.O, Thamarassery,
Calicut,673574



State : Kerala
 City : kozhikode
 Telephone(R) :

Qualification Details

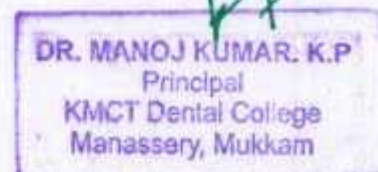
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Yenepoya Dental College & Hospital, Mangalore	Other	1999-00	
MDS	Oral Medicine	Yenepoya Dental College & Hospital, Mangalore	Yenepoya University, Mangalore	2011-12	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
KMCT Dental College, Calicut	Oral Medicine	Lecturer	16 Jun 2011	15 Jun 2015	3 years 11 months 31 days	
					3 Year Total 12 month 1 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Medicine	Reader	16 Jun 2015	6 Year 7 month 26 days
				9 Year 19 month 27 days



Basic Details

Faculty ID : LOMD-2012840
Name : DR. TIM PETER THERMADAM
Registration No : 12174
Registration Date : 17 Jul 2014
State Dental Council : Not Required
Father Name : John Peter
Gender : Male
Date of Birth : 22 Apr 1986
PAN No. : APRPT7456F
Aadhar No. : 322652215664
I-Card No. :
Nationality : Indian
College joining date : 16 May 2014
Address Proof (102) : G5695150
Identity Proof (Adhar Card) : 322652215664

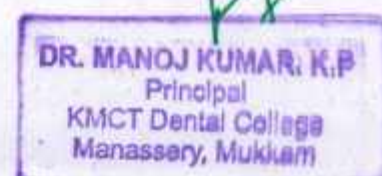


Correspondence Address :

Address : Thermadam (H) chevarambalam (p.o) Calicut -17
State : Kerala
City : Kozhikode
Telephone(O) :
Telephone(R) :
Mobile No : 9633344683
Email ID : drtimpeteromr@gmail.com

Permanent Address:

Address : Thermadam (H) chevarambalam (p.o) Calicut -17
State : Kerala
City : kozhikode



Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	A.B. Shetty Memorial Institute of Dental Sciences, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2008-09	
MDS	Oral Medicine	Yenepoya Dental College & Hospital, Mangalore	Yenepoya University, Mangalore	2014-15	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
KMCT Dental College, Calicut	Oral Medicine	Tutor	30 Mar 2009	20 Apr 2011	2 years 0 month 22 days	
					2 Year Total 0 month 22 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Medicine	Lecturer	16 May 2014	7 Year 8 month 26 days
				9 Year 8 month 48 days



Basic Details

Faculty ID : LOMD-2017885
 Name : DR.HAMESH GANGADHARAN
 Registration No : 7993
 Registration Date : 11 Oct 2010
 State Dental Council : Kerala State Dental Council
 Father Name : M.Gangadharan
 Gender : Male
 Date of Birth : 16 Jun 1985
 PAN No. : AHFPH8153D
 Aadhar No. : 7684 6671 4807
 I-Card No. :
 Nationality : Indian
 College joining date : 28 Sep 2016
 Address Proof (102) : K 6226990
 Identity Proof (Adhar Card) : 7684 6671 4807

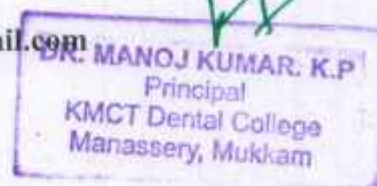


Correspondence Address :

Address : Ganga House, Naduvattam, north Beypore, Calicut-673015
 State : Kerala
 City : KOZHIKODE
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9061100223
 Email ID : hamesh4u@gmail.com

Permanent Address:

Address : Ganga House, Naduvattam, north Beypore, Calicut-673015
 State : Kerala
 City : KOZHIKODE
 Telephone(R) :



Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Century International Institute of Dental Science & Research Center, Kasaragod	Kannur University, Kannur	2009-10	
MDS	Oral Medicine	KMCT Dental College, Calicut	Kerala University of Health Sciences, Thrissur	2016-17	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Medicine	Lecturer	28 Sep 2016	5 Year 4 month 14 days
				5 Year 4 month 14 days



Basic Details

Faculty ID : LOMD-2037579

Name : DR. PREJITH SAMPATH

Registration No : 4537

Registration Date : 21 Oct 2000

State Dental Council : Kerala State Dental Council

Father Name : G. Sampath Kumar

Gender : Male

Date of Birth : 28 Feb 1977

PAN No. : BNPPS0213Q

Aadhar No. : 441543452714

I-Card No. :

Nationality : Indian

College joining date : 16 Dec 2020

Address Proof (0) :

Identity Proof (--Select--) :



Correspondence Address :

Address : 13/783A, Opposite CITU Office, Annie Hall Road, Chalappuram (P.O.), Pin: 673002

State : Kerala

City : Kozhikode

Telephone(O) :

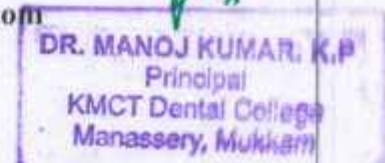
Telephone(R) :

Mobile No : 9947686682

Email ID : presam77@gmail.com

Permanent Address:

Address : 13/783A, Opposite CITU Office, Annie



Hall Road, Chalappuram (P.O.), Pin:
673002

State : Kerala
City : Kozhikode
Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Medicine	Lecturer	16 Dec 2020	1 Year 1 month 26 days
				1 Year 1 month 26 days



Basic Details

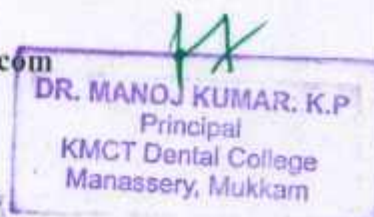
Faculty ID	:	LORS-2028986	
Name	:	DR. NIYAS UMMER MOHAMMED	
Registration No	:	9347	
Registration Date	:	17 May 2012	
State Dental Council	:	Kerala State Dental Council	
Father Name	:	UMMER KOYA POOVANCHERI	
Gender	:	Male	
Date of Birth	:	18 Aug 1987	
PAN No.	:	UNDEFINED	
Aadhar No.	:	673484618018	
I-Card No.	:		
Nationality	:	Indian	
College joining date	:	10 Oct 2018	
Address Proof (100)	:		
Identity Proof (Driving Licence)	:		

Correspondence Address :

Address	:	POOVANCHERI HOUSE, VARTHACHOLAYIL, MAMPAD (PO), MALAPPURAM
State	:	Kerala
City	:	MALAPPUARM
Telephone(O)	:	
Telephone(R)	:	
Mobile No	:	9447725209
Email ID	:	contact@drniyas.com

Permanent Address:

Address	:	POOVANCHERI HOUSE, VARTHACHOLAYIL, MAMPAD (PO),
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MALAPPURAM

State : **Kerala**
 City : **MALAPPURAM**
 Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Medicine	Lecturer	01 Oct 2018	3 Year 4 month 10 days
			3 Year 4 month 10 days	



DR. MANOJ KUMAR. K.P
 Principal
 KMCT Dental College
 Manassery, Mukkam

Basic Details

Faculty ID : LOPT-2003041
 Name : DR. RAJEESH MOHAMMED P.K.
 Registration No : 5904-A
 Registration Date : 22 Sep 1998
 State Dental Council : Karnataka State Dental Council
 Father Name : SH. M. KHALID
 Gender : Male
 Date of Birth : 19 Sep 1975
 PAN No. : AJIPR2524H
 Aadhar No. : 870421188182
 I-Card No. :
 Nationality : Indian
 College joining date : 08 Dec 2014
 Address Proof (100) : 870421188182
 Identity Proof (Adhar Card) : 870421188182



Correspondence Address :

Address : BHOJIA DENTAL COLLEGE & HOSPITAL, VPO - BHUD, DISTT. SOLAN (H.P.)
 State : Himachal Pradesh
 City : BADDI
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9995990095
 Email ID : drrajeeshpk@yahoo.co.in

Permanent Address:

Address : KATIL, H.NO. 48, P.T.USHA ROAD, CALICUT, KERALA
 State : Kerala



DR. MANOJ KUMAR. K.P.
 Principal
 KMCT Dental College
 Manassery, Mukkam

City :

CALICUT

Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
Bhojia Dental College & Hospital, Nalagarh	Oral Pathology	Reader	03 Jan 2004	31 May 2008	4 years 4 months 29 days	
KMCT Dental College, Calicut	Oral Pathology	Reader	08 Dec 2014	01 Jun 2017	2 years 5 months 25 days	
KMCT Dental College, Calicut	Oral Pathology	Professor	08 Dec 2014	01 Jul 2018	3 years 6 months 24 days	
					10 Year	
					Total 5 months 18 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Pathology	Professor & HOD	02 Jul 2018	3 Year 7 month 9 days
				13 Year 12 month 27 days



✓

DR. MANOJ KUMAR. K.P.
Principal
KMCT Dental College
Manassery, Mukkam

Basic Details

Faculty ID : LOPT-2037562

Name : DR. USHA BALAN.P

Registration No : 12106

Registration Date : 10 Jul 2014

State Dental Council : Kerala State Dental Council

Father Name : Balan

Gender : Female

Date of Birth : 19 Apr 1979

PAN No. : ABDPU4054A

Aadhar No. : 685246756872

I-Card No. :

Nationality : Indian

College joining date : 02 Jun 2021

Address Proof (0) :

Identity Proof (--Select--) :



Correspondence Address :

Address : BANSURI, MADHURAVANAM CROSS ROAD, BEHIND CIVIL STATION, POST CIVIL STATION

State : Kerala

City : Kozhikode

Telephone(O) :

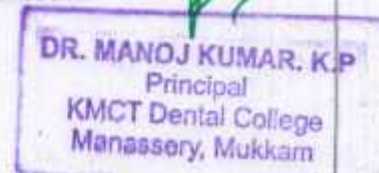
Telephone(R) :

Mobile No : 9746590178

Email ID : ushaved19@gmail.com

Permanent Address:

Address : USHUS, A.R. CAMP ROAD, P.O.



MARIKUNNU, PIN-673012

State : **Kerala**
 City : **Kozhikode**
 Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Pathology	Reader	02 Jun 2021	0 Year 8 month 9 days
				0 Year 8 month 9 days



Basic Details

Faculty ID : LOPT-2012639

Name : DR. SWAPNA HONAWAD

Registration No : 21099 A

Registration Date : 02 Aug 2013

State Dental Council : Karnataka State Dental Council

Father Name : Shivaling Honwad

Gender : Female

Date of Birth : 02 Nov 1984

PAN No. : AITPH0197E

Aadhar No. :

I-Card No. :

Nationality : Indian

College joining date : 01 Jul 2013

Address Proof (100) : 6676 4651 5091

Identity Proof (Adhar Card) : 6676 4651 5091



Correspondence Address :

Address : KMCT Staff Quarters Manassey, Kozhikode-673602

State : Kerala

City : Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No : 9037946845

Email ID : dr.swapnahonwad@gmail.com

Permanent Address:

Address : C/O Virabhadrappe,Devi krupa,Ravindra Nagar,5th Cross Shimoga

State : Karnataka



DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

City : Shimoga
Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Al Ameen Dental College & Hospital, Bijapur	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2006-07	
MDS	Oral Pathology	College of Dental Sciences, Davangere	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2013-14	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
KMCT Dental College, Calicut	Oral Pathology	Lecturer	01 Jul 2013	01 Jul 2018	5 years 0 month 1 day	
					5 Year	
					Total 0 month 1 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Pathology	Reader	02 Jul 2018	3 Year 7 month 9 days
				8 Year 7 month 10 days



DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

Basic Details

Faculty ID : LOPT-2000525
 Name : MAYEESH RADHAKRISHNA
 Registration No : 6492
 Registration Date : 13 Jul 2007
 State Dental Council : Kerala State Dental Council
 Father Name : RADHAKRISHNA KURUP
 Gender : Male
 Date of Birth : 20 May 1982
 PAN No. : BEAPR8652E
 Aadhar No. :
 I-Card No. :
 Nationality : Indian
 College joining date : 21 Mar 2017
 Address Proof (101) : 691570954009
 Identity Proof (Pass-Port) : L4175471



Correspondence Address :

Address : KMCT Staff Quarters, Manassery, Kozhikode-673602
 State : Kerala
 City : KOTHAMANGALAM
 Telephone(O) : 04852823740
 Telephone(R) :
 Mobile No : 9947871888
 Email ID : drmayeesh@gmail.com

Permanent Address:

Address : East avenue Apts, Flat, No.B4, Sebastian Road, Kalam, Cochin-17
 State : Kerala
 City : Ernakulam
 Telephone(R) :



DR. MANOJ KUMAR. K.P.
 Principal
 KMCT Dental College
 Manassery, Mukkam

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Vinayaka Missions Dental College, Uttar Pradesh	The Tamil Nadu Dr. MGR Medical University, Chennai	2005-06	
MDS	Oral Pathology	Meenakshi Ammal Dental College & Hospital, Chennai	The Tamil Nadu Dr. MGR Medical University, Chennai	2010-11	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
Mar Baselios Dental College, Kothamangalam	Oral Pathology	Lecturer	07 Mar 2011	14 Dec 2016	5 years 9 months 8 days	
					5 Year	
					Total 9 month 8 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Pathology	Lecturer	07 Mar 2011	10 Year 11 month 4 days
				15 Year 20 month 12 days



Basic Details

Faculty ID : LOPT-2020964
 Name : DR.HIBA UMMER
 Registration No : 7222
 Registration Date : 09 Sep 2009
 State Dental Council : Kerala State Dental Council
 Father Name : K.P Ummer
 Gender : Female
 Date of Birth : 24 Feb 1979
 PAN No. : AEZPH6174F
 Aadhar No. : 423776552389
 I-Card No. :
 Nationality : Indian
 College joining date : 08 Feb 2017
 Address Proof (100) : 423776552389
 Identity Proof (Adhar Card) : 423776552389



Correspondence Address :

Address : Alungal, Choolur, Poolacode, NIT Campus P.O, Kozhikode-673601
 State : Kerala
 City : Kozhikode
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9497754366
 Email ID : dr.hibashiyas@gmail.com

Permanent Address:

Address : Ansa House, Near T.P Hospital, Feroke P.O, Calicut -673631
 State : Kerala



DR. MANOJ KUMAR, K.P
 Principal
 KMCT Dental College
 Manassery, Mukkam

City : **Kozhikode**
 Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Farooqia Dental College & Hospital, Mysore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2007-08	
MDS	Oral Pathology	KMCT Dental College, Calicut	Kerala University of Health Sciences, Thrissur	2016-17	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Pathology	Lecturer	08 Feb 2017	5 Year 0 month 3 days
				5 Year 0 month 3 days



DR. MANOJ KUMAR. K.P
 Principal
 KMCT Dental College
 Manassery, Mukkam

Basic Details

Faculty ID : LOPT-2020964
 Name : DR.HIBA UMMER
 Registration No : 7222
 Registration Date : 09 Sep 2009
 State Dental Council : Kerala State Dental Council
 Father Name : K.P Ummer
 Gender : Female
 Date of Birth : 24 Feb 1979
 PAN No. : AEZPH6174F
 Aadhar No. : 423776552389
 I-Card No. :
 Nationality : Indian
 College joining date : 08 Feb 2017
 Address Proof (100) : 423776552389
 Identity Proof (Adhar Card) : 423776552389



Correspondence Address :

Address : Alungal, Choolur, Poolacode, NIT Campus P.O, Kozhikode-673601
 State : Kerala
 City : Kozhikode
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9497754366
 Email ID : dr.hibashiyas@gmail.com

Permanent Address:

Address : Ansal House, Near T.P Hospital, Perole P.O., Calicut -673631
 State : Kerala



DR. MANOJ KUMAR. K.P
 Principal
 KMCT Dental College
 Manassery, Mukkam

City : **Kozhikode**

Telephone(R) :

Qualification Details

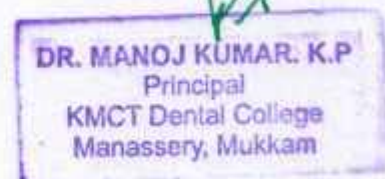
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Farooqia Dental College & Hospital, Mysore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2007-08	
MDS	Oral Pathology	KMCT Dental College, Calicut	Kerala University of Health Sciences, Thrissur	2016-17	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Pathology	Lecturer	08 Feb 2017	5 Year 0 month 3 days
				5 Year 0 month 3 days



Basic Details

Faculty ID : LOPT-2025266

Name : ROHIT MOHAN

Registration No : 9883

Registration Date : 01 Jan 2013

State Dental Council : Kerala State Dental Council

Father Name : P V MOHANAN

Gender : Male

Date of Birth : 14 Nov 1988

PAN No. : CJDPR1062H

Aadhar No. : 403652242980

I-Card No. :

Nationality : Indian

College joining date : 04 Apr 2019

Address Proof (100) : 11/1318/2007

Identity Proof (Adhar Card) : 403652242980



Correspondence Address :

Address : AISWARYA (H), MEEPPAM ROAD, KARUVASSERY (PO), CALICUT

State : Kerala

City : CALICUT

Telephone(O) : 04952377232

Telephone(R) : 04952377232

Mobile No : 9747381128

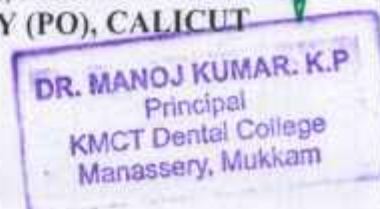
Email ID : rohitmohan1988@gmail.com

Permanent Address:

Address : AISWARYA (H), MEEPPAM ROAD, KARUVASSERY (PO), CALICUT

State : Kerala

City : CALICUT



Telephone(R) :

04952377232

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
MDS	Oral Pathology	Govt. Dental College, Kottayam	Kerala University of Health Sciences, Thrissur	2014-15	
BDS	N/A	KMCT Dental College, Calicut	University of Calicut and Kerala University of Health & Allied Sciences	2006-07	

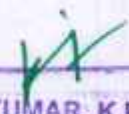
Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
Govt. Dental College, Thrissur	Oral Pathology	Lecturer	11 Sep 2017	01 Apr 2019	1 year 6 months 22 days	
					1 Year	
					Total 6 months 22 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Pathology	Lecturer	11 Sep 2017	4 Year 4 month 31 days
				5 Year 10 month 53 days




DR. MANOJ KUMAR. K.P
 Principal
 KMCT Dental College
 Manassery, Mukkam

Basic Details

Faculty ID : LOPT-2037563
Name : DR. SITHARA K
Registration No : 23607
Registration Date : 29 Jul 2019
State Dental Council : Kerala State Dental Council
Father Name : M P NARAYANAN
Gender : Female
Date of Birth : 14 Mar 1993
PAN No. : NYGPS6025A
Aadhar No. : 374807091860
I-Card No. :
Nationality : Indian
College joining date : 15 Feb 2021
Address Proof (0) :
Identity Proof (--Select--) :

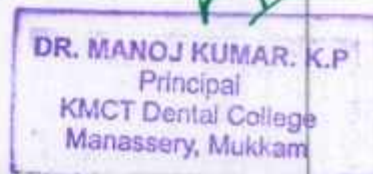


Correspondence Address :

Address : CHAITHRAM, KOLENCHERY, NALLUR, FEROKE P O, PIN-673631
State : Kerala
City : Kozhikode
Telephone(O) :
Telephone(R) :
Mobile No : 8884731018
Email ID : sitharakoraprath@gmail.com

Permanent Address:

Address : CHAITHRAM, KOLENCHERY,



NALLUR, FEROKE P O, PIN-673631

State : **Kerala**
 City : **Kozhikode**
 Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Oral Pathology	Lecturer	15 Feb 2021	0 Year 11 month 27 days
				0 Year 11 month 27 days



DR. MANOJ KUMAR. K.P
 Principal
 KMCT Dental College
 Manassery, Mukkam

Basic Details

Faculty ID : LPRD-2012529

Name : DR. HARISH KUMAR V.V

Registration No : 1548

Registration Date : 22 Jan 2010

State Dental Council : Kerala State Dental Council

Father Name : T.V Venugopal

Gender : Male

Date of Birth : 26 Jun 1970

PAN No. : AFNPK7622J

Aadhar No. : 353817497727

I-Card No. :

Nationality : Indian

College joining date : 16 Apr 2006

Address Proof (102) : J0118919

Identity Proof (Voter-ID) : MLBI364249



Correspondence Address :

Address : H.No 40/2317, Lakshmi Kuthiravattom p.o , Kozhikode-673 016

State : Kerala

City : Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No : 049527442

Email ID : perioking@hotmail.com

Permanent Address:

Address : H.No 40/2317, Lakshmi Kuthiravattom p.o , Kozhikode-673 016

State : Kerala

City : Kozhikode



DR. MANOJ KUMAR, K.P
Principal
KMCT Dental College
Manassery, Mukkam

Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	A.B. Shetty Memorial Institute of Dental Sciences, Mangalore	Other	1992-93	
MDS	Periodontics	A.B. Shetty Memorial Institute of Dental Sciences, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	1998-99	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
Govt. Dental College, Kozhikode	Periodontics	Lecturer	04 Jul 2001	03 Jul 2002	0 year 11 months 30 days	
Govt. Dental College, Kozhikode	Prosthodontics	Lecturer	10 Mar 2003	06 Apr 2004	1 year 0 month 28 days	
PMS College of Dental Science & Research, Thiruvananthapuram	Community Dentistry	Lecturer	07 Mar 2004	07 Mar 2005	1 year 0 month 1 day	
PMS College of Dental Science & Research, Thiruvananthapuram	Community Dentistry	Reader	08 Mar 2005	19 Feb 2006	0 year 11 months 12 days	
KMCT Dental College, Calicut	Periodontics	Reader	16 Apr 2006	04 May 2010	4 years 0 month 19 days	
KMCT Dental College, Calicut	Periodontics	Professor & HOD	16 Apr 2006	05 May 2010	4 years 0 month 20 days	
					12 Year	
					Total 11 year 9 month 20 days	

Current Designation Working Details

Present College

KMCT Dental College,
CalicutDepartment Designation
Periodontics Professor & HOD

Deignation joining date

05 May 2010

Experience

11 Year 9 month 6 days

DR. MANOJ KUMAR K.P.
Principal
KMCT Dental College
Manassery, Mukkam

23 Year 10 month 26 days

Basic Details

Faculty ID : LPRD-2012533
 Name : DR.SANTHOSH V.C
 Registration No : 2659
 Registration Date : 11 Jan 2010
 State Dental Council : Kerala State Dental Council
 Father Name : V.P Ramachandran Kidav
 Gender : Male
 Date of Birth : 30 May 1975
 PAN No. : ADLPV8732G
 Aadhar No. : 6361 7500 3303
 I-Card No. :
 Nationality : Indian
 College joining date : 18 Mar 2008
 Address Proof (100) : 6361 7500 3303
 Identity Proof (Adhar Card) : 6361 7500 3303

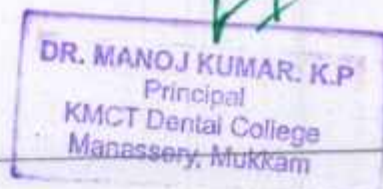


Correspondence Address :

Address : Avinash, M6/45, Housing Colony
 Malaparambu, Calicut-9-673009
 State : Kerala
 City : Kozhikode
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9447653315
 Email ID : drvcsanperio@yahoo.co.in

Permanent Address:

Address : Avinash, M6/45, Housing Colony
 Malaparambu, Calicut-9-673009
 State : Kerala
 City : Kozhikode
 Telephone(R) :



Qualification Details

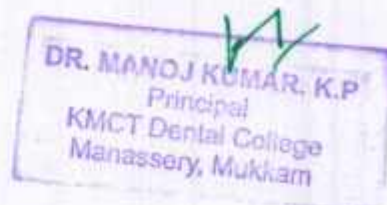
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	K.V.G. Dental College & Hospital, Sullia	Other	1996-97	
MDS	Periodontics	Govt. Dental College, Kozhikode	University of Calicut and Kerala University of Health & Allied Sciences	2003-04	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
K.V.G. Dental College & Hospital, Sullia	Periodontics	Lecturer	07 May 2003	07 May 2006	3 years 0 month 1 day	
K.V.G. Dental College & Hospital, Sullia	Periodontics	Reader	08 May 2006	17 Mar 2008	1 year 10 months 10 days	
KMCT Dental College, Calicut	Periodontics	Reader	18 Mar 2008	07 May 2011	3 years 1 month 20 days	
					7 Year Total Exp. 12 month 1 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Periodontics	Professor	08 May 2011	10 Year 9 month 3 days
				17 Year 21 month 4 days



Basic Details

Faculty ID :	LPRD-2021107	
Name :	DR. ANISH VARKEY	
Registration No :	7942	
Registration Date :	24 Sep 2010	
State Dental Council :	Kerala State Dental Council	
Father Name :	MR. VARKEY P MATHAI	
Gender :	Male	
Date of Birth :	20 Jun 1983	
PAN No. :	AQLPV3892L	
Aadhar No. :	261950332943	
I-Card No. :		
Nationality :	Indian	
College joining date :	15 Jun 2021	
Address Proof (101) :	261950332943	
Identity Proof (Pass-Port) :	L9815903	

Correspondence Address :

Address :	KMCT STAFF QUARTERS, MANASSERY, MUKKAM-673602
State :	Kerala
City :	Kozhikode
Telephone(O) :	
Telephone(R) :	
Mobile No :	9480316414
Email ID :	anishvarkey876@gmail.com

Permanent Address:

Address :	ANISH VILLA, PATTAVANA HOUSE, KUTTAPUZHA POST, THIRUVALLA
State :	Kerala
City :	PATHANAMTHITTA



DR. MANOJ KUMAR K.P.
Principal
KMCT Dental College
Manassery, Mukkam

Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
Coorg Institute of Dental Sciences, Virajpat	Periodontics	Assistant Professor	08 Jul 2015	28 Jun 2020	4 years 11 months 21 days	
				Total Exp.	4 Year 11 month 21 days	

Current Designation Working Details:

Present College

Department Designation

Deignation joining date

Experience

KMCT Dental College,
Calicut

Periodontics Reader

15 Jun 2021

0 Year 7 month 27
days

4 Year 18 month 48 days



Basic Details

Faculty ID : LPRD-2029068
 Name : DR. NAVIA GEORGE
 Registration No : 10160
 Registration Date : 16 Mar 2013
 State Dental Council : Kerala State Dental Council
 Father Name : K G GEORGE
 Gender : Female
 Date of Birth : 11 Nov 1986
 PAN No. : AKGPN3762E
 Aadhar No. : 922483631024
 I-Card No. :
 Nationality : Indian
 College joining date : 01 Oct 2018
 Address Proof (101) : 922483631024
 Identity Proof (Voter-ID) : WEY0244087



Correspondence Address :

Address : 27/617-B, ATHIRA , PO KUTHIRAVATTOM , CALICUT ,673016
 State : Kerala
 City : CALICUT
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9995637737
 Email ID : drnaviageorge@gmail.com

Permanent Address:

Address : 27/617-B, ATHIRA , PO KUTHIRAVATTOM , CALICUT ,673016
 State : Kerala



DR. MANOJ KUMAR. K.P.
 Principal
 KMCT Dental College
 Manassery, Mukkam

City : **CALICUT**

Telephone(R) :

Qualification Details

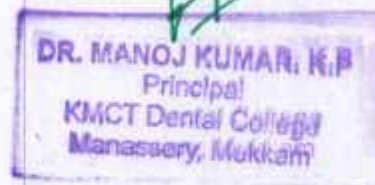
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
MDS	Periodontics	KMCT Dental College, Calicut	Kerala University of Health Sciences, Thrissur	2016-17	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total	0 Year 0	
				Exp.	month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Periodontics	Lecturer	01 Oct 2018	3 Year 4 month 10 days
				3 Year 4 month 10 days



Basic Details

Faculty ID :	LPRD-2031827	
Name :	DR. SHRUTHI NAMBIAR	
Registration No :	11015	
Registration Date :	19 Nov 2013	
State Dental Council :	Kerala State Dental Council	
Father Name :	MANOHARAN NAMBIAR	
Gender :	Female	
Date of Birth :	27 Aug 1989	
PAN No. :	ANUPN3130H	
Aadhar No. :	613876815941	
I-Card No. :		
Nationality :	Indian	
College joining date :	18 Nov 2019	
Address Proof (101) :	613876815941	
Identity Proof (Driving Licence) :	13/7971/2012	

Correspondence Address :

Address :	KALLAT HOUSE, CUBIX VILLA NO 19, A R CAMP ROAD, CHEVAYUR, KOZHIKODE - 673012
State :	Kerala
City :	KOZHIKODE
Telephone(O) :	
Telephone(R) :	
Mobile No :	9567720985
Email ID :	shrikantbshruthi@gmail.com

Permanent Address:

Address :

KALLAT HOUSE, CUBIX VILLA NO



DR. MANOJ KUMAR. K.P.
Principal
KMCT Dental College
Manassery, Mukkam

19, A R CAMP ROAD, CHEVAYUR
KOZHIKODE - 673012

State : Kerala
City : KOZHIKODE
Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
--------------------	------------	--------------	-----------------	------	--------------------

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Periodontics	Lecturer	18 Nov 2019	2 Year 2 month 24 days



DR. MANOJ KUMAR, K.P.
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KMCT Dental College
Manassery, Mukkam

Basic Details

Faculty ID : LPRD-2033534

Name : DR. APARNA T K

Registration No : 11685

Registration Date : 21 Apr 2014

State Dental Council : Kerala State Dental Council

Father Name : Radhakrishnan T

Gender : Female

Date of Birth : 29 Oct 1990

PAN No. : EHHPK7094C

Aadhar No. : 931206263231

I-Card No. :

Nationality : Indian

College joining date : 16 Dec 2019

Address Proof (101) : 931206263231

Identity Proof (Driving Licence) : 13/3847/2009



Correspondence Address :

Address : House No: 5/2833-B, Sreelakam, Thiruthiyad, Puthiyara P.O

State : Kerala

City : Kozhikode

Telephone(O) :

Telephone(R) :

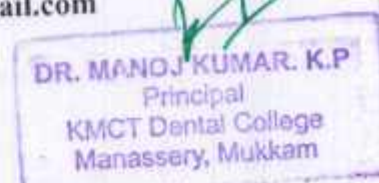
Mobile No :

Email ID : tkaparna05@gmail.com

Permanent Address:

Address : House No: 5/2833-B, Sreelakam, Thiruthiyad, Puthiyara P.O

State : Kerala



City : **Kozhikode**

Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
MDS	Periodontics	KMCT Dental College, Calicut	Kerala University of Health Sciences, Thrissur	2018-19	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Periodontics	Lecturer	16 Dec 2019	2 Year 1 month 26 days
				2 Year 1 month 26 days




DR. MANOJ KUMAR. K.P
 Principal
 KMCT Dental College
 Manassery, Mukkam

Basic Details

Faculty ID : LPRD-2037560
Name : DR. SUBISHA S B
Registration No : 8124
Registration Date : 04 Dec 2010
State Dental Council : Kerala State Dental Council
Father Name : SURESH BABU KC
Gender : Female
Date of Birth : 24 May 1986
PAN No. : DYCP56129A
Aadhar No. : 263194700823
I-Card No. :
Nationality : Indian
College joining date : 23 Feb 2021
Address Proof (0) :
Identity Proof (--Select--) :



Correspondence Address:

Address : POOMANGALAM HOUSE
CHOOLUR_PO, NIT-673601
State : Kerala
City : Kozhikode
Telephone(O) :
Telephone(R) :
Mobile No :
Email ID : 7907192519
drsubisha@gmail.com

Permanent Address:

Address : POOMANGALAM HOUSE
CHOOLUR_PO, NIT-673601



DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

State : Kerala
 City : Kozhikode
 Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Periodontics	Lecturer	23 Feb 2021	0 Year 11 month 19 days
				0 Year 11 month 19 days



DR. MANOJ KUMAR. K.P
 Principal
 KMCT Dental College
 Manassery, Mukkam

Basic Details

Faculty ID : LORD-2012397
 Name : DR. BINU PURUSHOTHAMAN
 Registration No : 2662
 Registration Date : 24 Jan 2003
 State Dental Council : Kerala State Dental Council
 Father Name : P.K.Purushothaman
 Gender : Male
 Date of Birth : 23 May 1972
 PAN No. : AJJPP4244M
 Aadhar No. : 9128 44121468
 I-Card No. :
 Nationality : Indian
 College joining date : 22 Dec 2007
 Address Proof (102) : H3254842
 Identity Proof (Adhar Card) : 9128 44121468

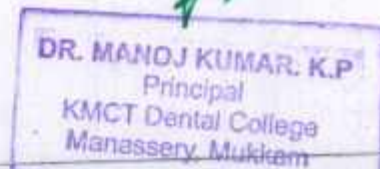


Correspondence Address :

Address : Flat No 15, Cliff dale Apartments , Sabha School
 Cross road , Puthiyara , Calicut -673004
 State : Kerala
 City : Kozhikode
 Telephone(O) :
 Telephone(R) :
 Mobile No : 049527214
 Email ID : drbinuortho@yahoo.co.in

Permanent Address:

Address : Flat No 15, Cliff dale Apartments , Sabha School
 Cross road , Puthiyara , Calicut -673004
 State : Kerala
 City : Kozhikode
 Telephone(R) :



Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Govt. Dental College, Kozhikode	University of Calicut and Kerala University of Health & Allied Sciences	1996-97	
MDS	Orthodontics	Govt. Dental College, Kozhikode	University of Calicut and Kerala University of Health & Allied Sciences	2001-02	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
Century International Institute of Dental Science & Research Center, Kasaragod	Orthodontics	Lecturer	02 Feb 2003	02 Feb 2006	3 years 0 month 1 day	
Century International Institute of Dental Science & Research Center, Kasaragod	Orthodontics	Reader	03 Feb 2006	21 Dec 2007	1 year 10 months 19 days	
					4 Year	
					Total 10 Exp. month 20 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Orthodontics	Professor & HOD	02 Feb 2011	11 Year 0 month 9 days
				15 Year 10 month 29 days



DR. MANOJ KUMAR, K.P.
Principal
KMCT Dental College
Manassery, Mukkam

Basic Details

Faculty ID : LORD-2012511
 Name : DR.NASEEM.K.T
 Registration No : 7382
 Registration Date : 22 Dec 2009
 State Dental Council : Kerala State Dental Council
 Father Name : Unnimoyi.K.T
 Gender : Male
 Date of Birth : 29 Mar 1979
 PAN No. : ANDPT9586C
 Aadhar No. : 6439 6314 4442
 I-Card No. :
 Nationality : Indian
 College joining date : 27 Sep 2007
 Address Proof (100) : 57/816/1998
 Identity Proof (Adhar Card) : 6439 6314 4442

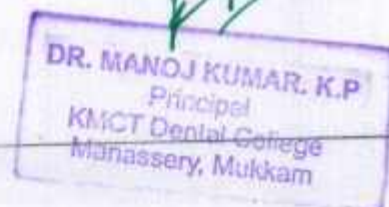


Correspondence Address :

Address : Keeranthodika (House), Kodyathur P.O,
 Mukkam-673602, Calicut
 State : Kerala
 City : Kozhikode
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9846264274
 Email ID : naseemkeeranthodika@yahoo.in

Permanent Address:

Address : Keeranthodika (House), Kodyathur P.O,
 Mukkam-673602, Calicut
 State : Kerala
 City : Kozhikode
 Telephone(R) :



Qualification Details

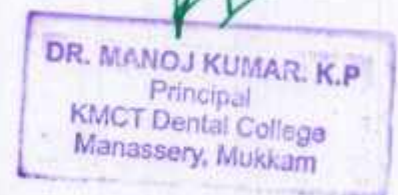
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Yenepoya Dental College & Hospital, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2001-02	
MDS	Orthodontics	M.R.A. Dental College & Hospital, Bangalore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2007-08	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp. in Years	Exp. Certificate
KMCT Dental College, Calicut	Orthodontics	Lecturer	27 Sep 2007	27 Sep 2011	4 years 0 month 1 day	
					4 Year Total 0 month 1 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Orthodontics	Reader	28 Sep 2011	10 Year 4 month 14 days
				14 Year 4 month 15 days



Basic Details

Faculty ID : LORD-2013052

Name : DR. AMRITA ASHOK

Registration No : 7663

Registration Date : 12 Jun 2014

State Dental Council : Kerala State Dental Council

Father Name : Ashok Kumar

Gender : Female

Date of Birth : 06 Jun 1982

PAN No. : BCCPA2390E

Aadhar No. : 563541428777

I-Card No. :

Nationality : Indian

College joining date : 26 Sep 2015

Address Proof (101) : 563541428777

Identity Proof (Driving Licence) : 11/5309/2013



Correspondence Address :

Address : Kalyani, 1/377, Bilathikulam Road, Calicut-673006

State : Kerala

City : Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No : 9995624593

Email ID : amrita.ashok4@gmail.com

Permanent Address:

Address : Kalyani, 1/377, Bilathikulam Road, Calicut-673006

State : Kerala



DR. MANOJ KUMAR, K.P.
Principal
KMCT Dental College
Manassery, Mukkam

City : kozhikode

Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	A.B. Shetty Memorial Institute of Dental Sciences, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2006-07	
MDS	Orthodontics	Govt. Dental College, Trivandrum	University of Kerala	2012-13	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
Govt. Dental College, Kozhikode	Orthodontics	Lecturer	24 Aug 2012	23 Aug 2013	0 year 11 months 31 days	
					0 Year	
					Total 12 Exp. month 1 days	

Current Designation Working Details:

Present College

Department Designation

Deignation joining date

Experience

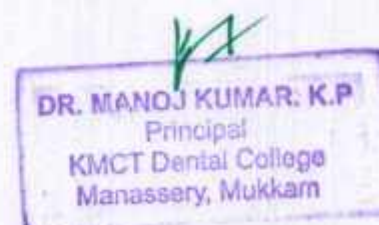
KMCT Dental College, Calicut

Orthodontics Lecturer

26 Sep 2015

6 Year 4 month 16 days

6 Year 16 month 17 days



Basic Details

Faculty ID : LORD-2012888

Name : DR. SAJAI BHARATH V U

Registration No : 20918 A

Registration Date : 07 Feb 2015

State Dental Council : Karnataka State Dental Council

Father Name : Dr. V K Unnikrishnan

Gender : Male

Date of Birth : 27 Mar 1984

PAN No. : AERPU7738Q

Aadhar No. : 286299502956

I-Card No. :

Nationality : Indian

College joining date : 30 Nov 2020

Address Proof (100) : 11/4045/2006

Identity Proof (Adhar Card) : 286299502956



Correspondence Address :

Address : 1/3497, Cannanore Road, Kozhikode - 6

State : Kerala

City : Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No : 0871430996

Email ID : sajaibharath425@gmail.com

Permanent Address:

Address : 1/3497, Cannanore Road, Kozhikode - 6

State : Kerala

City : Kozhikode

Telephone(R) :



Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
KMCT Dental College, Calicut	Orthodontics	Lecturer	01 Dec 2014	20 Mar 2020	5 years 3 months 20 days	
					5 Year 3 month 20 days	
					Total 3 month 20 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Orthodontics	Reader	30 Nov 2020	1 Year 2 month 12 days
				6 Year 5 month 32 days



Basic Details

Faculty ID : LORD-2029656

Name : DR. FAWAZ V

Registration No : 10424

Registration Date : 22 Oct 2018

State Dental Council : Kerala State Dental Council

Father Name : ABDUL LATHEEF

Gender : Male

Date of Birth : 20 May 1988

PAN No. : AUDPV9925A

Aadhar No. : 478018984153

I-Card No. :

Nationality : Indian

College joining date : 05 Dec 2018

Address Proof (100) :

Identity Proof (Driving Licence) :



Correspondence Address :

Address : FABIN , NARANGALI
PARAMBU, MATHOTTAM,
ARAKKINAR P O, ARAKINAR,
KOZHIKODE, KERALA - 673028

State : Kerala

City : KOZHIKODE

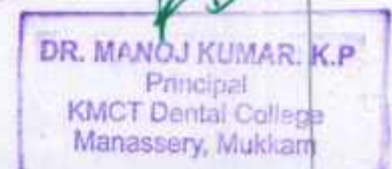
Telephone(O) :

Telephone(R) :

Mobile No : 9837863188

Email ID : faaz33@gmail.com

Permanent Address:



Address : **FABIN , NARANGALI
PARAMBU, MATHOTTAM,
ARAKKINAR P O, ARAKINAR,
KOZHIKODE, KERALA - 673028**

State : **Kerala**

City : **KOZHIKODE**

Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Century International Institute of Dental Science & Research Center, Kasaragod	Kannur University, Kannur	2010-11	
BDS	N/A	Century International Institute of Dental Science & Research Center, Kasaragod	Kannur University, Kannur	2010-11	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Orthodontics	Lecturer	05 Dec 2018	3 Year 2 month 6 days
				3 Year 2 month 6 days



Basic Details

Faculty ID : LORD-2030334
 Name : BAVITHA T K
 Registration No : 6819
 Registration Date : 14 Oct 2008
 State Dental Council : Kerala State Dental Council
 Father Name : BALAKRISHNAN APPU
 Gender : Female
 Date of Birth : 04 Jan 1983
 PAN No. : DQZPK7562K
 Aadhar No. : 761077170556
 I-Card No. :
 Nationality : Indian
 College joining date : 22 Apr 2019
 Address Proof (101) : 761077170556
 Identity Proof (Voter-ID) : ZUO0739078

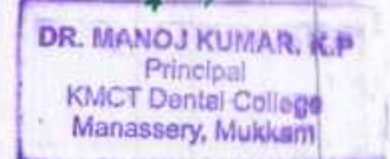


Correspondence Address :

Address : 27/502(2), AKSHARA NAGAR,
 MELAMURI, PALAKKAD, KERALA,
 678006
 State : Kerala
 City : PALAKKAD
 Telephone(O) :
 Telephone(R) :
 Mobile No :
 Email ID :

Permanent Address:

Address : 27/502(2), AKSHARA NAGAR,
 MELAMURI, PALAKKAD, KERALA,
 678006



State : **Kerala**
 City : **PALAKKAD**
 Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Govt. Dental College, Kozhikode	Kerala University of Health Sciences, Thrissur	2007-08	
MDS	Orthodontics	Royal Dental College, kerala	Kerala University of Health Sciences, Thrissur	2018-19	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total	0 Year 0	
				Exp.	month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Orthodontics	Lecturer	22 Apr 2019	2 Year 9 month 20 days
				2 Year 9 month 20 days



DR. MANOJ KUMAR. K.P
 Principal
 KMCT Dental College
 Manassery, Mukkam

Basic Details

Faculty ID : LORD-2037471

Name : DR. MAKAL MADHAV M P

Registration No : 17451

Registration Date : 17 Jan 2017

State Dental Council : Kerala State Dental Council

Father Name : MADHAVAN

Gender : Male

Date of Birth : 10 Jun 1990

PAN No. : DMHPM0164H

Aadhar No. : 358099414080

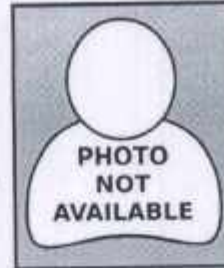
I-Card No. :

Nationality : Indian

College joining date : 16 Feb 2021

Address Proof (0) :

Identity Proof (--Select--) :



Correspondence Address :

Address : Madhavakripa, Manassery, Mukkom-673602

State : Kerala

City : Kozhikode

Telephone(O) :

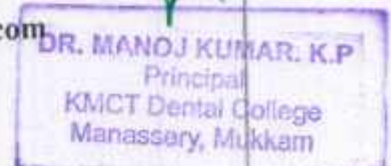
Telephone(R) :

Mobile No : 9946364026

Email ID : makalmadhav@gmail.com

Permanent Address:

Address : Madhavakripa, Manassery, Mukkom-



Basic Details

Faculty ID : LORD-2037472

Name : DR. JIBIN K SABU

Registration No : 25937

Registration Date : 23 Oct 2020

State Dental Council : Kerala State Dental Council

Father Name : SABU K PHILIP

Gender : Male

Date of Birth : 03 Dec 1992

PAN No. : IJPPS9142R

Aadhar No. : 575551601745

I-Card No. :

Nationality : Indian

College joining date : 01 Dec 2020

Address Proof (0) :

Identity Proof (--Select--) :



Correspondence Address:

Address : Kudakkachira, 2nd Golf Link Road, Pin-673009

State : Kerala

City : Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No : 9480327133

Email ID : jibinksab001@gmail.com

Permanent Address:

Address :



DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

Kudakkachira, 2nd Golf Link

Road, Pin-673009

State : Kerala
 City : Kozhikode
 Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Orthodontics	Lecturer	01 Dec 2020	1 Year 2 month 10 days
				1 Year 2 month 10 days



DR. MANOJ KUMAR. K.P
 Principal
 KMCT Dental College
 Manassery, Mukkam

Basic Details

Faculty ID : LORD-2037473
 Name : DR. SAFIR N K
 Registration No : 34490 A
 Registration Date : 01 Dec 2014
 State Dental Council : Karnataka State Dental Council
 Father Name : AHAMED KAYAKKAL
 Gender : Male
 Date of Birth : 14 Dec 1989
 PAN No. : GREPS5511P
 Aadhar No. : 521577812885
 I-Card No. :
 Nationality : Indian
 College joining date : 01 Mar 2021
 Address Proof (0) :
 Identity Proof (--Select--) :



Correspondence Address :

Address : Fabasa, P.O, Varam, Kannur, Pin-670594
 State : Kerala
 City : Kannur
 Telephone(O) :
 Telephone(R) :
 Mobile No :
 Email ID :



7306638313
drsafirnk@gmail.com

DR. MANOJ KUMAR. K.P.
 Principal
 KMCT Dental College
 Manassery, Mukkam

Permanent Address:

Address : Fabasa, P.O, Varam, Kannur, Pin-670594

State : Kerala
 City : Kannur
 Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
--------------------	------------	--------------	-----------------	------	--------------------

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Orthodontics	Lecturer	01 Mar 2021	0 Year 11 month 10 days
				0 Year 11 month 10 days



MS
DR. MANOJ KUMAR. K.P.
 Principal
 KMCT Dental College
 Manassery, Mukkam

Basic Details

Faculty ID : LCVD-2029809
 Name : DR.RAMESHKUMAR M
 Registration No : 512
 Registration Date : 07 Jul 1982
 State Dental Council : Kerala State Dental Council
 Father Name : KELU MAROLI
 Gender : Male
 Date of Birth : 25 May 1957
 PAN No. : ADIPM8103H
 Aadhar No. : 341074063972
 I-Card No. :
 Nationality : Indian
 College joining date : 01 Jun 2017
 Address Proof (101) : 341074063972
 Identity Proof (Driving Licence) : 11/2464/1991

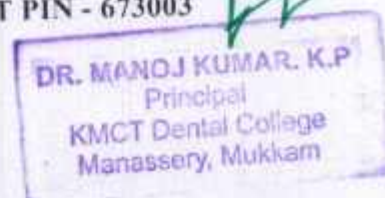


Correspondence Address :

Address : MAROLI H, PO KALLAI,MELEKANDI
 PARAMBU CALICUT PIN - 673003
 State : Kerala
 City : KOZHIKODE
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9447848648
 Email ID : drrameshmaroli@gmail.com

Permanent Address:

Address : MAROLI H, PO KALLAI,MELEKANDI
 PARAMBU CALICUT PIN - 673003
 State : Kerala
 City : Kozhikode
 Telephone(R) :



Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
MDS	Conservative Dentistry	Govt. Dental College, Kozhikode	Kerala University of Health Sciences, Thrissur	1988-89	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total	0 Year 0 month	
				Exp.	0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Conservative Dentistry	Professor & HOD	01 Jun 2017	4 Year 8 month 10 days
				4 Year 8 month 10 days



K.K.
DR. MANOJ KUMAR. K.P
 Principal
 KMCT Dental College
 Manassery, Mukkam

Basic Details

Faculty ID : LCVD-2012421

Name : DR. ELSY P SIMON

Registration No : 1453

Registration Date : 05 Feb 2013

State Dental Council : Kerala State Dental Council

Father Name : W/o Dr Bijoy Oommen

Gender : Female

Date of Birth : 10 Feb 1968

PAN No. : ADTPB7771M

Aadhar No. : 8290 3360 2649

I-Card No. :

Nationality : Indian

College joining date : 16 Apr 2007

Address Proof (100) : 12/5537/2009

Identity Proof (Adhar Card) : 8290 3360 2649



Correspondence Address :

Address : KMCT Dental college Staff Quarters, Manassery, Mukkam Kozhikode, Pin -673 602

State : Kerala

City : Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No : 9633332629

Email ID : dentist90@yahoo.com

Permanent Address:

Address : Modisseril (h), Kottakkunnu, Sultan Bathery, Wayanad-673592

State : Kerala

City : Wayanad



DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Others	Other	1993-94	
MDS	Conservative Dentistry	JSS Dental College & Hospital, Mysore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2006-07	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
KMCT Dental College, Calicut	Conservative Dentistry	Lecturer	16 Apr 2007	17 Apr 2011	4 years 0 month 2 days	
KMCT Dental College, Calicut	Conservative Dentistry	Reader	18 Apr 2011	17 Apr 2016	4 years 11 months 31 days	
				Total Exp.	8 Year 12 month 3 days	

Current Designation Working Details:

Present College

KMCT Dental College,
Calicut

Department

Conservative
Dentistry

Designation

Professor

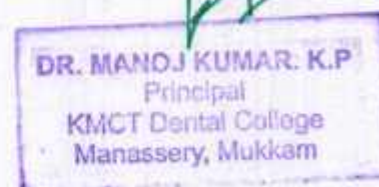
Deignation joining
date

18 Apr 2016

Experience

5 Year 9 month 24
days

13 Year 21 month 27 days



Basic Details

Faculty ID : LCVD-2012437
 Name : DR. RAVI S.V
 Registration No : 16703- A
 Registration Date : 01 Aug 2010
 State Dental Council : Karnataka State Dental Council
 Father Name : Veerabhadrappa
 Gender : Male
 Date of Birth : 29 May 1980
 PAN No. : AVWPR3481R
 Aadhar No. : 368439209033
 I-Card No. :
 Nationality : Indian
 College joining date : 01 Jun 2010
 Address Proof (102) : M4023574
 Identity Proof (Adhar Card) : 368439209133



Correspondence Address :

Address : KMCT Dental College Staff Quarters ,
 Manassery , Mukkam, Pin -673 602
 Kozhikode
 State : Kerala
 City : Kozhikode
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9539351676
 Email ID : svrayising@gmail.com

Permanent Address:

Address : Devi Krupa, Raveendra Nagar, Fifth
 Cross, Shimoga-577201, Karnataka.
 State : Karnataka
 City : Shimoga



DR. MANOJ KUMAR. K.P
 Principal
 KMCT Dental College
 Manassery, Mukkam

Telephone(R) :

Qualification Details

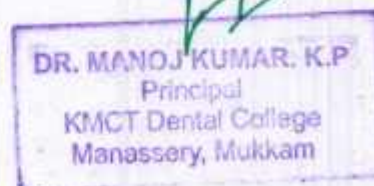
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	JSS Dental College & Hospital, Mysore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2003-04	
MDS	Conservative Dentistry	SDM College of Dental Sciences & Hospital, Dharwad	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2010-11	
MDS	Conservative Dentistry	SDM College of Dental Sciences & Hospital, Dharwad	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2010-11	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
KMCT Dental College, Calicut	Conservative Dentistry	Lecturer	01 Jun 2010	31 May 2014	3 years 11 months 31 days	
					3 Year 12 month 1 days	
					Total Exp.	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Conservative Dentistry	Reader	01 Jun 2014	7 Year 8 month 10 days
				10 Year 20 month 11 days



Basic Details

Faculty ID : LCVD-2017815
 Name : DR.MOHAMMED ASHIK P
 Registration No : 8708
 Registration Date : 28 Mar 2016
 State Dental Council : Kerala State Dental Council
 Father Name : Mamukoya P
 Gender : Male
 Date of Birth : 22 May 1983
 PAN No. : CZIPP9617B
 Aadhar No. : 5866 6701 1048
 I-Card No. :
 Nationality : Indian
 College joining date : 12 Feb 2015
 Address Proof (102) : J 3305393
 Identity Proof (Adhar Card) : 5866 6701 1048

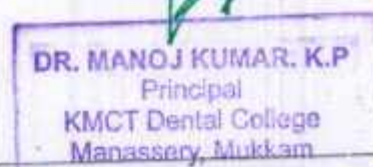


Correspondence Address :

Address : Marjan, 5/18, Eranhipalam, Kozhikode
 State : Kerala
 City : KOZHIKODE
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9947047711
 Email ID : mohammedashiks2@gmail.com

Permanent Address:

Address : Marjan, 5/18, Eranhipalam, Kozhikode
 State :
 City :
 Telephone(R) :



Qualification Details

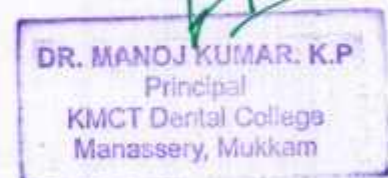
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Yenepoya Dental College & Hospital, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	2009-10	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
KMCT Dental College, Calicut	Conservative Dentistry	Lecturer	12 Feb 2015	12 Feb 2019	4 years 0 month 1 day	
					4 Year	
					Total 0 month 1 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Conservative Dentistry	Reader	13 Feb 2019	2 Year 11 month 29 days
				6 Year 11 month 30 days



Basic Details

Faculty ID : LCVD-2037532

Name : DR. SUBIN BHARATH

Registration No : 2645

Registration Date : 02 Feb 1998

State Dental Council : Kerala State Dental Council

Father Name : V Bharathan

Gender : Male

Date of Birth : 01 May 1971

PAN No. : BGZPS6382P

Aadhar No. : 891674393572

I-Card No. :

Nationality : Indian

College joining date : 22 Feb 2021

Address Proof (0) :

Identity Proof (--Select--) :



Correspondence Address :

Address : Arikanya, Madathil, Downhill PO, Pin-656519

State : Kerala

City : Malappuram

Telephone(O) :

Telephone(R) :

Mobile No : 8830231851

Email ID : subinbharat@yahoo.co.in

Permanent Address:

Address : Arikanya, Madathil, Downhill PO, Pin-656519

State : Kerala



DR. MANOJ KUMAR. K.P.
Principal
KMCT Dental College
Manassery, Mukkam

City : **Malappuram**
 Telephone(R) :

Qualification Details

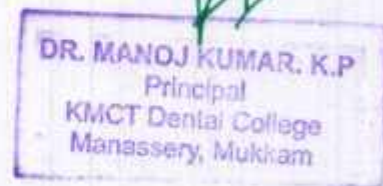
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Conservative Dentistry	Reader	22 Feb 2021	0 Year 11 month 20 days
				0 Year 11 month 20 days



Basic Details

Faculty ID : LCVD-2029804
 Name : DR. CHANDNI RAVEENDRAN
 Registration No : 4516
 Registration Date : 19 Sep 2000
 State Dental Council : Kerala State Dental Council
 Father Name : RAVEENDRAN
 Gender : Female
 Date of Birth : 02 Apr 1977
 PAN No. : BUSPB3841H
 Aadhar No. : 314218043464
 I-Card No. :
 Nationality : Indian
 College joining date : 02 Oct 2017
 Address Proof (100) :
 Identity Proof (Driving Licence) :

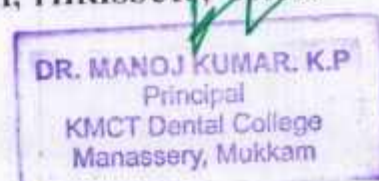


Correspondence Address :

Address : KOTTUKAL H, MULLASSERY PO, THANAVEEDHI, THRISSUR, -680509
 State : Kerala
 City : THRISSUR
 Telephone(O) :
 Telephone(R) :
 Mobile No : 9847630196
 Email ID : chandinibinnoy@gmail.com

Permanent Address:

Address : KOTTUKAL H, MULLASSERY PO, THANAVEEDHI, THRISSUR, -680509
 State : Kerala
 City : THRISSUR



Telephone(R) :

Qualification Details

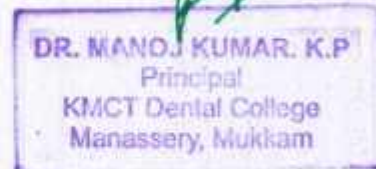
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Conservative Dentistry	Lecturer	02 Oct 2017	4 Year 4 month 9 days
				4 Year 4 month 9 days



Basic Details

Faculty ID :	LCVD-2029001	
Name :	SARIN K	
Registration No :	11884	
Registration Date :	07 Jun 2014	
State Dental Council :	Kerala State Dental Council	
Father Name :	SATHEESH KUMAR K	
Gender :	Male	
Date of Birth :	04 Jan 1989	
PAN No. :	FLVPS1738G	
Aadhar No. :	536038573293	
I-Card No. :		
Nationality :	Indian	
College joining date :	10 Oct 2018	
Address Proof (0) :		
Identity Proof (--Select--) :		

Correspondence Address :

Address :	NANDANAM HOUSE, AZHIYOOR PO , VADAKARA, KOZHIKODE(DT),PIN 673639
State :	Kerala
City :	CALICUT
Telephone(O) :	
Telephone(R) :	
Mobile No :	
Email ID :	sarinkoroth@gmail.com

Permanent Address:

Address :	NANDANAM HOUSE, AZHIYOOR PO , VADAKARA,
-----------	--



DR. MANOJ KUMAR. K.P.
Principal
KMCT Dental College
Manassery, Mukkam

KOZHIKODE(DT),PIN 673639

State : Kerala
 City : CALICUT
 Telephone(R) :

Qualification Details

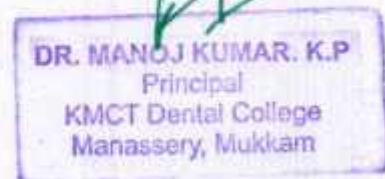
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Conservative Dentistry	Lecturer	10 Oct 2018	3 Year 4 month 1 days



Basic Details

Faculty ID : LCVD-2029803

Name : DR. PREETHI S

Registration No : 11496

Registration Date : 12 Mar 2014

State Dental Council : Kerala State Dental Council

Father Name : NARAYANA PILLA

Gender : Female

Date of Birth : 13 Oct 1983

PAN No. : GEDPS8526G

Aadhar No. : 486519330652

I-Card No. :

Nationality : Indian

College joining date : 02 Jul 2018

Address Proof (100) :

Identity Proof (Driving Licence) :



Correspondence Address :

Address : CHITHIRA H, NELLICODE PO, CALICUT, 673016 KERALA

State : Kerala

City : CALICUT

Telephone(O) :

Telephone(R) :

Mobile No : 9668331789

Email ID : drprithinair@gmail.com

Permanent Address:

Address :

CHITHIRA H, NELLICODE PO,



DR. MANOJ KUMAR. K.P
Principal
KMCT Dental College
Manassery, Mukkam

CALICUT, 673016 KERALA

State : **Kerala**
 City : **Calicut**
 Telephone(R) :

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Conservative Dentistry	Lecturer	02 Jul 2018	3 Year 7 month 9 days
				3 Year 7 month 9 days



Basic Details

Faculty ID	:	LCVD-2028997	
Name	:	BIZENZA H C P	
Registration No	:	7045	
Registration Date	:	02 May 2009	
State Dental Council	:	Kerala State Dental Council	
Father Name	:	C P MOHAMED BASHEER	
Gender	:	Female	
Date of Birth	:	22 Sep 1983	
PAN No.	:	ECPPB8856L	
Aadhar No.	:	670139469187	
I-Card No.	:		
Nationality	:	Indian	
College joining date	:	10 Oct 2018	
Address Proof (0)	:		
Identity Proof (--Select--)	:		

Correspondence Address

Address	:	Flat No.303C, Hilite Metromax Apartment, PO Nellikode , Kozhikode
State	:	Kerala
City	:	KOZHIKODE
Telephone(O)	:	
Telephone(R)	:	
Mobile No	:	9995990004
Email ID	:	bizenzah@gmail.com

Permanent Address:

Address	:	Flat No.303C, Hilite Metromax Apartment, PO Nellikode , Kozhikode
State	:	Kerala



DR. MANOJ KUMAR: K.P
Principal
KMCT Dental College
Manassery, Mukkam

City : Kozhikode

Telephone(R) :

Qualification Details

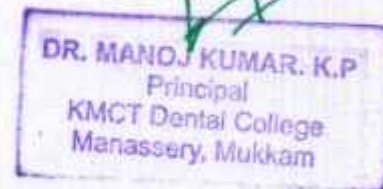
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Conservative Dentistry	Lecturer	10 Oct 2018	3 Year 4 month 1 days
				3 Year 4 month 1 days



Basic Details

Faculty ID : LCVD-2034219

Name : DR.BHAVYA B

Registration No : 7148

Registration Date : 29 Jul 2009

State Dental Council : Kerala State Dental Council

Father Name : BHASKARAN O

Gender : Female

Date of Birth : 06 Apr 1984

PAN No. : BUGPS8457M

Aadhar No. : 349194017689

I-Card No. :

Nationality : Indian

College joining date : 01 Dec 2019

Address Proof (101) : 349194017689

Identity Proof (Pass-Port) : G 6341125



Correspondence Address :

Address : Thamarasseri Parambil, Eranhipalam

State : Karnataka

City : Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No : 9496125943

Email ID : bhavyabds@yahoo.co.in

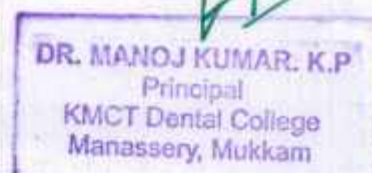
Permanent Address:

Address : Thamarasseri Parambil, Eranhipalam

State : Kerala

City : Kozhikode

Telephone(R) :



Qualification Details

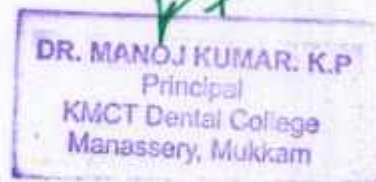
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Conservative Dentistry	Lecturer	01 Dec 2019	2 Year 2 month 10 days
				2 Year 2 month 10 days



Basic Details

Faculty ID : LCVD-2033961

Name : DR. NASRIN MOHAMMED

Registration No : 7786

Registration Date : 15 Jun 2010

State Dental Council : Kerala State Dental Council

Father Name : P T Mohammed

Gender : Female

Date of Birth : 31 Jul 1984

PAN No. : CNBPM9493B

Aadhar No. : 837497670194

I-Card No. :

Nationality : Indian

College joining date : 16 Dec 2019

Address Proof (101) : 837497670194

Identity Proof (Driving Licence) : 57/10449/2014



Correspondence Address :

Address : Neroth Poyil, Mangad, Sivapuram

State : Kerala

City : Kozhikode

Telephone(O) :

Telephone(R) :

Mobile No : 9539869967

Email ID : drnasirvet@gmail.com

Permanent Address:

Address : Neroth Poyil, Mangad, Sivapuram

State : Kerala

City : Kozhikode

Telephone(R) :



DR. MANOJ KUMAR. K.P.
Principal
KMCT Dental College
Manassery, Mulkam

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
BDS	N/A	Kannur Dental College, kannur	Kannur University, Kannur	2008-09	
MDS	Conservative Dentistry	KMCT Dental College, Calicut	Kerala University of Health Sciences, Thrissur	2018-19	

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Conservative Dentistry	Lecturer	16 Dec 2019	2 Year 1 month 26 days
				2 Year 1 month 26 days



Basic Details

Faculty ID : LCVD-2037470

Name : DR. ATHUL CHANDRA M

Registration No : 15299

Registration Date : 26 Feb 2016

State Dental Council : Kerala State Dental Council

Father Name : Mahesh Chandra

Gender : Male

Date of Birth : 30 Aug 1991

PAN No. : CUGPA3223D

Aadhar No. : 212424297671

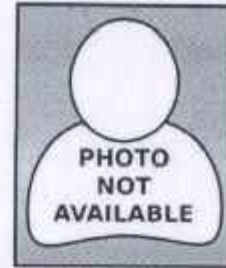
I-Card No. :

Nationality : Indian

College joining date : 20 Sep 2021

Address Proof (0) :

Identity Proof (--Select--) :



Correspondence Address

Address : 8/52A, (16/288), Punartham, Parambil Bazar

State : Kerala

City : Kozhikode

Telephone(O) :

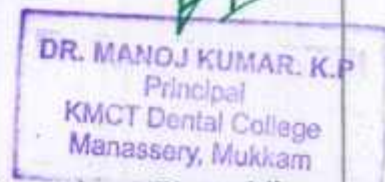
Telephone(R) :

Mobile No : 9656809722

Email ID : athulchandra@gmail.com

Permanent Address:

Address : 8/52A, (16/288), Punartham, Parambil



Bazar

State : **Kerala**
 City : **Kozhikode**
 Telephone(R) :

Qualification Details

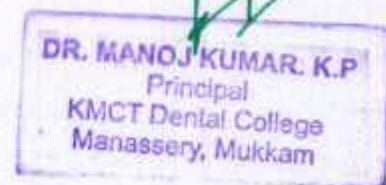
Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
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Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Conservative Dentistry	Lecturer	20 Sep 2021	0 Year 4 month 22 days
				0 Year 4 month 22 days



Basic Details

Faculty ID : LCVD-2037469
Name : DR. NEVIL MATHEWS
Registration No : 22119
Registration Date : 21 Dec 2018
State Dental Council : Kerala State Dental Council
Father Name : Mathews Daniel
Gender : Male
Date of Birth : 13 Dec 1987
PAN No. : BHWPM6581Q
Aadhar No. : 411611285098
I-Card No. :
Nationality : Indian
College joining date : 23 Feb 2021
Address Proof (0) :
Identity Proof (--Select--) :

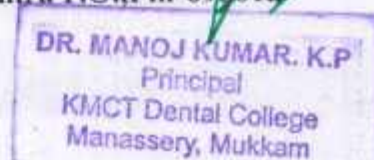


Correspondence Address :

Address : Puthukulathil Ebenezer, Post Office Lane, Nalanchira P.O., Pin-695015
State : Kerala
City : Thiruvananthapuram
Telephone(O) :
Telephone(R) :
Mobile No : 8547129557
Email ID : dan2tk@hotmail.com

Permanent Address:

Address : Puthukulathil Ebenezer, Post Office Lane, Nalanchira P.O., Pin-695015
State : Kerala



City :
Telephone(R) :

DIV Contents

Thiruvananthapuram

Qualification Details

Course/Degree Name	Speciality	College Name	University Name	Year	Attach Certificate
--------------------	------------	--------------	-----------------	------	--------------------

Experience Details

College Name	Speciality	Designation	From Date	To Date	Exp in Years	Exp. Certificate
				Total Exp.	0 Year 0 month 0 days	

Current Designation Working Details:

Present College	Department	Designation	Deignation joining date	Experience
KMCT Dental College, Calicut	Conservative Dentistry	Lecturer	23 Feb 2021	0 Year 11 month 19 days
				0 Year 11 month 19 days

