

- Name :**DR.ABDURAHIMAN**
- Designation :**PROFESSOR**
- Qualification : UG(Month & Year) :**MBBS,OCT 1984**  
PG (Month & year):**MD (MEDICINE),MAR 1989**  
Other if any: **DNB(MEDICINE),MAY 1990**  
**DM(NEUROLOGY),DEC 1995**
- Date of Joining in KMCT :**04/05/2012**
- Council Registration Number :**14322**  
Council Name:**TCMC**