**NAME** Dr SUMEET KUMAR

FATHER'S NAME SRI BIPIN KUMAR CHOUDHARY

**DOB** 24 JULY 1983

ADDRESS FOR CORRESPONDENCE:- Dr. SUMEET KUMAR

S/O B.K CHOUDHARY

ROAD NO. 9, PATEL NAGAR

HATIA, RANCHI

**CONTACT NO** :- 8527723580

**E-MAIL** sumit.medic@gmail.com

## **QUALIFICATIONS**

| DEGREE         | COLLEGE/UNIV                 | YEAR OF PASSING |
|----------------|------------------------------|-----------------|
| MBBS           | A. N.M MEDICAL COLLEGE, GAYA | 2002- 2008      |
| M.S. (SURGERY) | P.M.C.H ,PATNA               | 2011-2014       |

## **WORK EXPERIENCE:**

1. SENIOR RESIDENT: - DEPARTMENT OF SURGERY AIIMS NEW DELHI, 2015 TO 2019

## **OTHERS:**

- > ATLS COURSE FROM JAI PRAKASH APEX TRAUMA CENTRE AIIMS.
- MINIMALLY INVASIVE COURSE FROM AIIMS NEW DELHI.
- FELLOWSHIP IN MINIMALLY ACESS SURGERY (FMAS).
- FELLOWSHIP COURSE OF INDIAN ASSOCIATION OF GASTROINTESTINAL ENDO- SURGEONS. (FIAGES).

## **SPECILISATION:-**

MINIMALLY INVASIVE AND TRAUMA SURGEON.