



- 1. Name** : **Mr. Gurumoorthy S**
- 2. Designation** : **Rehabilitation Officer**
- 3. Department** : **Phydsical Medicine & Rehabilitation**
- 4. Qualification** : **B.P.T., P.G.D.D.R**
- 5. Experience** : **9Yrs.**
- 6. E-mail Id** : **gurumoorthy_pt@yahoo.co.in**