

FACULTY INFORMATION

Name : **DR. JAYAMALA VISHWANATH**

Date of Birth : **22/07/1962**

Present Designation : **Lady Medical Officer**

Department : **Community Medicine**

College : **A. J. Institute of Medical Sciences & Research Centre**

City : **Mangaluru**

Permanent Address of Resident : **H. No. 18-137,
Panemangalore,
Mangaluru – 574231**

Contact Particulars : Tel (Office) : **0824 - 2225533**
Tel (Residence) : **0824-2280231**
E-mail address : **jayamalavishwa@gmail.com**
Mobile Number : **9845067581**



Date of joining present institution: **Dec 09, 2003** as **Tutor**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Karnataka Medical college, Hubli, Dharwad	Karnatak University	Dec, 1987	28,110, dt Jan 07, 1989	Karnataka Medical Council
DNB	Fr. Mullers Institute of Medical Sciences, Mangalore	National Board of Examination, New Delhi	Jan 1995		
DGO	Indian College of Maternal & Child Health (ICMCH)				

Details of the experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Resident	OBG	Fr. Mullers Institute of Medical Education & Research	01/02/ 1992	31/01/ 1995	3 Years
Lady Medical Officer	Community Medicine	A.J. Institute of Medical Sciences & Research Centre, Mangaluru	09/12/ 2003	Till Date	