

FACULTY INFORMATION

Name : **DR. RAJANI K**

Date of Birth & Age : **Jul 23, 1977**

Present Designation : **Associate Professor**

Department : **Ophthalmology**

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

City : **Mangaluru**

Residential Address Of Employee : **Staff Quarters No. 09,
W/o Dr. Trivikrama Tantry
AJIMS Campus, Mangalore.**

Phone & Fax Number With Code : **Office : 0824-2225533**
Residence : 0824 - 2221392
E-mail address: rajani_kadri@rediffmail.com
Mobile Number : 9880297551

Date Of Joining Present Institution : **Sep 20, 2004 as Assistant Professor**



Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Kasturba Medical College, Mangalore	MAHE	Jan 2001	58154 Dt: Feb 07, 2001	Karnataka Medical Council
MS (Ophthalmology)	Kasturba Medical College, Mangalore	MAHE	Jun 2004	58154, Dt: Aug 30, 2004	Karnataka Medical Council

Details of the teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experien ce in years & months
Resident	Ophthalmology	Kasturba Medical Colle Mangalore	Aug 2001	Jul 2004	3 Years
Assistant Professor	Ophthalmology	A.J. Institute of Medical Sciences & Research Centre, Mangaluru	20/09/ 2004	01/11/ 2010	6 Years 1 Month 11 Days
Associate Professor	Ophthalmology	A.J. Institute of Medical Sciences & Research Centre, Mangaluru	02/11/ 2010	Till Date	