

FACULTY INFORMATION

Name : **Dr. Chandrashekara**

Date of Birth & Age : **01/06/1974**

Present Designation : **Associate Professor**

Department : **Paediatrics**

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

City : **Mangaluru**

Residential Address of employee : **Staff Quarters No. 20,
AJIMS&RC, Campus,
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Mangaluru**

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Residence : **0824 – 2217547 (with STD code)**
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Mobile Number : **9448857548**

Date of joining present institution : **Jun 01, 2007 as Assistant Professor**



Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Mysore Medical College,	Mysore University	Jan 1997	48714, dt. March 25, 1998	Karnataka Medical Council
MD (Paediatrics)	Mysore Medical College,	RGUHS University	Sep 2002	48714, dt. Aug 24, 2009	Karnataka Medical Council

Details of the teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Resident	Paediatrics	Mysore Medical College	20/09/1999	30/09/2002	3 Years 10 Days
Assistant Professor	Paediatrics	K.V.G. Medical College, Sullia	16/01/2006	31/05/2007	1 Year 4 Months 15days
Assistant Professor	Paediatrics	A.J.Institute of Medical Sciences & Research Centre, Mangaluru	01/06/2007	11/09/2011	4 Years 3 Months 11 days
Associate Professor	Paediatrics	A.J.Institute of Medical Sciences & Research Centre, Mangaluru	12/09/2011	Till Date	