

FACULTY INFORMATION

Name : **Dr. Aisha Nehla**

Date of Birth & Age : **14/06/1994**

Present Designation : **Junior Resident**

Department : **ENT**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.408
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **D/o Mr. Abdul Khader
Flat No.502
Green Heights, Apartment
Falnir
Mangalore – 575001**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**

E-mail address : **Aisha.nea121@gmail.com**

Mobile Number : **9483774954**

Date of joining present institution : **May 02, 2019 as Junior Resident**



Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	A.J. Institute of Medical College	RGUHS University	April 2016	No: 124922 Dt: 28/04/2018	Karnataka Medical Council

Details of the previous appointments/ experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Junior Resident - 1	ENT	A.J. Institute of Medical Sciences & Research Centre, Mangalore	02/05/2019	Till Date	