

FACULTY INFORMATION

Name : **Dr. Akshatha D**

Date of Birth & Age : **07/06/1990**

Present Designation : **Junior Resident**

Department : **Anaesthesiology**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No. 606
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **D/o Mr. Doddakariyappa P H
Spandana, 3rd Cross
3rd Main, Nanjappa Layout
Near Myjri Nursing College
Bypass Road
Shivamogga - 577203**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **askayo07@gmail.com**
Mobile Number : **8904645217**

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	Adichunchanagiri Institute of Medical Sciences	RGUHS University	March 2014	No.104182 Dt:01/04/2014	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	Anaesthesia	A.J. Institute of Medical Sciences & Research Centre, Mangalore	02/05/2019	Till Date	