

FACULTY INFORMATION

Name : **Dr. Amita Murali Babu**

Date of Birth & : **10/03/1992**

Present Designation : **Junior Resident**

Department : **Dermatology**

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

City : **Mangalore**

Campus Address of Resident : **Resident Quarters No. 405
AJIMS&RC Campus,
Mangaluru**

Permanent Address of Resident : **D/o R. Murali Babu
"Krishna Leela"
59-E, Main Road
Mettupalayam, CBE Post
Tamil Nadu - 641301**

Phone & Fax Number With Code : Tel (Office) : **0824 - 2225533**
E-mail address : **amita_mb@yahoo.com**
Mobile Number : **9943098077**

Date of joining present institution : **May 29, 2017 as Junior Resident**



Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Sri Ramachandra Medical College & Research Institute	Ramachandra University	Dec 2015	No: 115641 Dt: 18/03/2016	Tamil Nadu 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
Junior Resident - 1	Dermatology	A.J. Institute of Medical Sciences & Research Centre, Mangalore	29/05/2017	28/05/2018	1 Year
Junior Resident - 2	Dermatology	A.J. Institute of Medical Sciences & Research Centre, Mangalore	29/05/2018	28/05/2019	1 Year

Junior Resident - 3	Dermatology	A.J. Institute of Medical Sciences & Research Centre, Mangalore	29/05/2019	Till Date	
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