

FACULTY INFORMATION



Name : **Dr. Rishab Jain**

Date of Birth & Age : **06/09/1995**

Present Designation : **Junior Resident**

Department : **Orthopaedics**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.618
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **S/o Mr. Ashok Kumar Jain
#252, 5th Cross
Manasara Road
Indira Nagar
Mysore - 570010**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **rjnns77@gmail.com**
Mobile Number : **9743104610**

Date of joining present institution : **May 16, 2019 as Junior Resident**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	JSS Medical College, Mysore	JSS Academy of Higher Education & Research	March 2019	No: 129560 Dt: 29/03/2019	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	Orthopaedics	A.J. Institute of Medical Sciences & Research Centre, Mangalore	16/05/2019	Till Date	