

FACULTY INFORMATION



Name : **Dr. Amrita H Suvarna**

Date of Birth & Age : **15/07/1993**

Present Designation : **Junior Resident**

Department : **ENT**

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

City : **Mangaluru**

Campus Address of Resident : **Residents Quartetrs No.29
AJIMS Campus,
Kuntikana, Mangalore**

Residential Address of Resident : **No. E-51, Diamond District
Old Airport Road
Kodihalli
Bangalore**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **vjannus@yahoo.com**
Mobile Number : **9738477901**

Date of joining present institution : **May 11, 2018 as Junior Resident**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Fr. Muller Institute of Medical Education, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore	March 2017	No: 119848 Dt: 05/05/2017	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
Junior Resident - 1	ENT	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	11/05/2018	10/05/2019	1 Year

Junior Resident - 2	ENT	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	11/05/2019	Till Date	
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