

FACULTY INFORMATION

Name : **Dr. Harish Karanth**

Date of Birth & Age : **06/07/1981**

Present Designation : **Associate Professor**

Department : **Anesthesiology**

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

City : **Mangaluru**

Residential Address of employee : **Sri Sharada Nilaya
4-23/11, M.C.F. Housing Society
Bejai New Road
Bejai, Mangalore – 575004**

Phone & Fax Number With Code : Office : **0824 – 2225533 (With STD Code)**
Residence: **0824 – 2214236 (With STD Code)**
E-mail address : **harish.karanth@rediffmail.com**
Mobile Number: **9900910374**

Date of joining present institution : **Feb 01, 2011 as Assistant Professor**



Qualifications:

Qualification	College & University	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	K.S.Hegde Medical College, Mangalore	RGUHS	Apr 2005	No.70822 Dt: 09.05.2005	Karnataka Medical Council
MD (Anesthesia)	K.S.Hegde Medical College, Mangalore	RGUHS, Bangalore	May 2009	No.70822 Dt: 27.07.2010	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
Resident	Anaesthesia	K.S.Hegde Medical College, Mangalore	May 2006	May 2009	3 Years
Senior Resident	Anaesthesia	Fr. Muller Medical College, Mangalore	01/02/2010	31/01/2011	1 Year
Assistant Professor	Anaesthesia	A.J.Institute of Medical Sciences & Research Centre, Mangaluru	01/02/2011	13/03/2018	7 Years 1 Month 13 Days
Associate Professor	Anaesthesia	A.J.Institute of Medical Sciences & Research Centre, Mangaluru	14/03/2018	Till Date	