

FACULTY INFORMATION



Name : **Dr. Ishant Anand**

Date of Birth : **06/04/1992**

Present Designation : **Tutor**

Department : **Pathology**

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

City : **Mangaluru**

Campus Address of Resident : **Residents Quartetrs No.304
AJIMS Campus,
Kuntikana, Mangalore**

Residential Address of Resident : **SQ6, CCRI, CRS (Post)
Koppa (+),
Chikamagalur - 577117**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
Residence : **08265- 243015 (With STD code)**
E-mail address : **ishantanand06@gmail.com**
Mobile Number : **9480207826**

Date of joining present institution : **May 21, 2018 as Tutor**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Kasturba Medical College, Mangalore	Manipal Academy of Higher Education, Manipal	March 2015	No:110829 Dt:30/04/2015	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
Tutor - 1	Pathology	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	21/05/2018	20/05/2019	1 Year

Tutor - 2	Pathology	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	21/05/2019	Till Date	
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