

## FACULTY INFORMATION

Name : **Dr. Jithin Abraham Jacob**

Date of Birth & Age : **20/01/1993**

Present Designation : **Junior Resident**

Department : **General Surgery**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No. 709  
AJIMS&RC Campus,  
Mangalore**

Permanent Address of Resident : **S/o Mr. Jacob Abraham  
Pulimoottil Puthenparambil  
Kadapra, Niranam  
P.O. Thiruvalla, Pathanamthitta  
Kerala – 689 621**

Phone & Fax Number With Code: Office : **0824 - 2225533**  
E-mail address : **jthnjcb@gmail.com**  
Mobile Number : **9632883146**

Date of joining present institution: **May 27, 2017 as Junior Resident**



### Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	<b>Jawaharlal Nehru Medical College, Belgaum</b>	<b>KLE University</b>	<b>Mar 2016</b>	<b>No: 113029 Dt:21/03/2016</b>	<b>Karnataka Medical Council</b>

### Details of the teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
<b>Junior Resident - 1</b>	<b>General Surgery</b>	<b>A. J. Institute of Medical Sciences &amp; Research Centre, Mangaluru</b>	<b>27/05/2017</b>	<b>26/05/2018</b>	<b>1 Year</b>
<b>Junior Resident - 2</b>	<b>General Surgery</b>	<b>A. J. Institute of Medical Sciences &amp; Research Centre, Mangaluru</b>	<b>27/05/2018</b>	<b>26/05/2019</b>	<b>1 Year</b>
<b>Junior Resident - 3</b>	<b>General Surgery</b>	<b>A. J. Institute of Medical Sciences &amp; Research Centre, Mangaluru</b>	<b>27/05/2019</b>	<b>Till Date</b>	