

FACULTY INFORMATION



Name : **Dr. Prianka Shashi Kumar**

Date of Birth : **16/04/1993**

Present Designation : **Tutor**

Department : **Community Medicine**

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

City : **Mangaluru**

Residential Address of Resident : **202, Kateel Residency
Near Veerabhadra Temple
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Date of joining present institution : **May 10, 2018 as Tutor**

Qualifications:

| Qualification | College | University | Year | Registration No. of UG & PG with date | Name of the State Medical Council |
|---------------|--|--|-------------------|---------------------------------------|-----------------------------------|
| MBBS | Srinivas Institute Medical Sciences & Research Centr, Mangalore | Rajiv Gandhi University of Health Sciences, Bangalore | March 2017 | No: 120317 Dt:27/06/2017 | 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 |
|------------------|---------------------------|---|-------------------|-------------------|------------------------------------|
| Tutor - 1 | Community Medicine | A.J.Institute of Medical Sciences & Research Centre, Mangaluru | 10/05/2018 | 09/05/2019 | 1 Year |
| Tutor - 2 | Community Medicine | A.J.Institute of Medical Sciences & Research Centre, Mangaluru | 10/05/2019 | Till Date | |