

FACULTY INFORMATION

Name : **Dr. Prithvi Vishwanath**

Date of Birth & Age : **05/03/1992**

Present Designation : **Junior Resident**

Department : **Ophthalmology**

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

City : **Mangalore**

Campus Address of Resident : **Residents Quartet's No. 307
AJIMS & RC Campus,
Kuntikana, Mangalore**

Permanent Address of Resident: **D/o Mr. Vishwanath Salian
304, Inland Encore
Kadri Kambla Road
Mangalore – 575 004**

Phone & Fax Number with Code : Office : **0824 - 2225533 (With STD code)**
Residence : **0824 – 4273032 (With STD code)**
E-mail address : **prithvi.592gmail.com**
Mobile Number : **9739567039**



Date of Joining Present Institution: **April 20, 2017** as **Junior Resident**

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 2016	No: 113878 Dt: 20/04/2016	Karnataka Medical Council

Details of the experience

Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Junior Resident - 1	Ophthalmology	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	20/04/2017	19/04/2018	1 Year

Junior Resident - 2	Ophthalmology	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	20/04/2018	19/04/2019	1 Year
Junior Resident - 3	Ophthalmology	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	20/04/2019	Till Date	