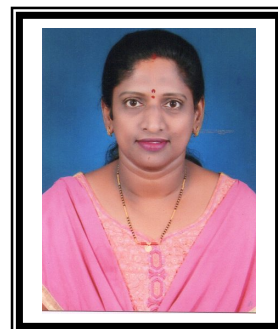


FACULTY INFORMATION



Name : **Dr. Renuka**

Date of Birth & Age : **20/04/1975**

Present Designation : **Junior Resident**

Department : **Ophthalmology**

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

City : **Mangaluru**

Campus Address of Resident : **Residents Quartetrs No.201
AJIMS Campus,
Kuntikana, Mangalore**

Residential Address of Resident : **D.No.1- 180
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Date of joining present institution : **April 23, 2018 as Junior Resident**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Adichunchanagiri Institute of Medical Sciences, Bellari	Mysore University	September 1998	No: 50574 Dt: 23/09/1998	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
Junior Resident - 1	Ophthalmology	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	23/04/2018	22/04/2019	1 Year

Junior Resident - 2	Ophthalmology	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	23/04/2019	Till Date	
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