

FACULTY INFORMATION



Name : **Dr. Rohit Rajashekar Patil**

Date of Birth & Age : **03/08/1993**

Present Designation : **Junior Resident**

Department : **Radiotherapy**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.110
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **S/o Mr. Rajashekar Patil
C.C.H-4, City Civil Court Complex
Kundapura - 576201**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **rohitpatil30893@gmail.com**
Mobile Number : **9008775162**

Date of joining present institution : **May 11, 2019 as Junior Resident**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	K S Hegde Medical College Mangalore	NITTE University	Jan 2017	No:116993 Dt: 02/02/2017	Karnataka Medical Council

Details of the previous appointments/ experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Junior Resident - 1	Radiotherapy	A.J. Institute of Medical Sciences & Research Centre, Mangalore	11/05/2019	Till Date	