

FACULTY INFORMATION

Name : **Dr. Sachin C K**

Date of Birth & Age : **11/04/1994**

Present Designation : **Junior Resident**

Department : **General Medicine**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.101
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **S/o Mr. Krishnegowda C T
#10, Kuvempu Badavane
Cheernahalli Raod
K R Nagar
Mysore - 571602**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **sachingowda94@gmail.com**
Mobile Number : **7406623121**

Date of joining present institution : **May 02, 2019 as Junior Resident**



Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Mandya Institute of Medical Sciences	RGUHS University	March 2018	No:125087 Dt: 07/05/2018	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	General Medicine	A.J. Institute of Medical Sciences & Research Centre, Mangalore	02/05/2019	Till Date	