

## FACULTY INFORMATION



Name : **Dr. Sandesh M**

Date of Birth & Age : **22/03/1992**

Present Designation : **Junior Resident**

Department : **General Surgery**

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

City : **Mangaluru**

Campus Address of Resident : **Residents Quartetrs No.626  
AJIMS Campus,  
Kuntikana, Mangalore**

Residential Address of Resident : **#787, Hakki Gudu  
Behind HMS School  
IDSMT Layout  
Sira Gate  
Tumkur - 572106**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**  
Residence : **0816 - 2211148 (With STD code)**  
E-mail address : **sandytumkur76@gmail.com**  
Mobile Number : **9686072475**

Date of joining present institution : **May 11, 2018 as Junior Resident**

### **Qualifications:**

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	<b>Shimoga Institute of Medical Sciences, Shimoga</b>	<b>Rajiv Gandhi University of Health Sciences, Bangalore</b>	<b>October 2016</b>	<b>No: 116298 Dt: 25/10/2016</b>	<b>Karnataka Medical Council</b>

### Details of the teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
<b>Junior Resident - 1</b>	<b>General Surgery</b>	<b>A. J. Institute of Medical Sciences &amp; Research Centre, Mangaluru</b>	<b>11/05/2018</b>	<b>10/05/2019</b>	<b>1 Year</b>
<b>Junior Resident - 2</b>	<b>General Surgery</b>	<b>A. J. Institute of Medical Sciences &amp; Research Centre, Mangaluru</b>	<b>11/05/2019</b>	<b>Till Date</b>	