

FACULTY INFORMATION



Name : **Dr. Seemitha Shetty**

Date of Birth & Age : **17/04/1993**

Present Designation : **Junior Resident**

Department : **OBG**

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

City : **Mangaluru**

Campus Address of Resident : **Residents Quartetrs No.202
AJIMS Campus,
Kuntikana, Mangalore**

Residential Address of Resident : **BIANCA Apartment ,
#804, Bejai Main Road
Bejai
Mangalore - 575004**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
Residence : **0824 - 2213723 (With STD code)**
E-mail address : **seemitha90@yahoo.com**
Mobile Number : **9686144387**

Date of joining present institution : **April 21, 2018 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 Academy, Mangalore	Nitte University	March 2017	No: 119655 Dt: 27/04/2017	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	OBG	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	21/04/2018	20/04/2019	1 Year

Junior Resident - 2	OBG	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	21/04/2019	Till Date	
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