

FACULTY INFORMATION



Name : **Dr. Shreyas Samaga**

Date of Birth & Age : **30/08/1992**

Present Designation : **Junior Resident**

Department : **General Medicine**

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

City : **Mangaluru**

Campus Address of Resident : **Residents Quartetrs No.603
AJIMS Campus,
Kuntikana, Mangalore**

Residential Address of Resident : **19-112 A, Kushi
Vishnumoorthy Temple Road
Krodashrama Post
Udupi - 576106**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **shreyassamaga@gmail.com**
Mobile Number : **9886330333**

Date of joining present institution : **May 10, 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.Medical Academy, Mangalore	Nitte University	January 2016	No. 112607 Dt: 28/01/2016	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	General Medicine	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	10/05/2018	09/05/2019	1 Year

Junior Resident - 2	General Medicine	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	10/05/2019	Till Date	
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