

FACULTY INFORMATION

Name : **Dr. Sahana P A**

Date of Birth & Age : **10/05/1994**

Present Designation : **Junior Resident**

Department : **Anaesthesiology**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No. 104
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **D/o Mr. Pushpa Kumar A
'Swasthishree' Kajamale
Kumbdaje P O
Kasargod
Kerala – 671551**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **sahana.ailukunje@gmail.com**
Mobile Number : **8722014115**

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	Father Muller Medical College, Mangalore	RGUHS University	March 2017	No.119209 Dt:11/04/2017	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	Anaesthesia	A.J. Institute of Medical Sciences & Research Centre, Mangalore	02/05/2019	Till Date	