

FACULTY INFORMATION

Name : **Dr. Saumya Goel**

Date of Birth & : **21/09/1993**

Present Designation : **Junior Resident**

Department : **Dermatology**

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

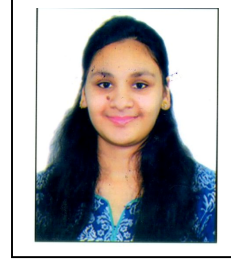
City : **Mangalore**

Campus Address of Resident : **Resident Quarters No. 405
AJIMS&RC Campus,
Mangaluru**

Permanent Address of Resident : **D/o Mr. Mahesh Kumar Goel
III - A- 118-16
Nehru Nagar, Gaziabad
Uttar Pradesh - 201 001**

Phone & Fax Number With Code : Tel (Office) : **0824 - 2225533**
E-mail address : **drsaumya.goel@yahoo.com**
Mobile Number : **9711881148**

Date of joining present institution : **May 26, 2017 as Junior Resident**



Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Dr.D.Y.Patil Medical College, Pune	Dr.D.Y.Patil University	Jan 2017	No: 2017/03/0538 Dt: 02/03/2017	Maharashtra 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	Dermatology	A.J. Institute of Medical Sciences & Research Centre, Mangalore	26/05/2017	25/05/2018	1 Year
Junior Resident - 2	Dermatology	A.J. Institute of Medical Sciences & Research Centre, Mangalore	26/05/2018	25/05/2019	1 Year

Junior Resident - 3	Dermatology	A.J. Institute of Medical Sciences & Research Centre, Mangalore	26/05/2019	Till Date	
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