

FACULTY INFORMATION



Name : **Dr. Sharada Adiga M**

Date of Birth & Age : **31/03/1994**

Present Designation : **Junior Resident**

Department : **Anaesthesiology**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No. G3
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **D/o Dr. Adiga M S
No.87, Asha Kiran, 6th Cross
JP Nagar, 1st Phase
ITI Layout
Bangalore - 560078**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**

E-mail address : **sharada.3149@gmail.com**

Mobile Number : **9740442123**

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	S N Medical College, Bagalkot	Rajiv Gandhi University of Health Sciences, Bangalore	March 2018	No.124184 Dt:11/04/2018	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	