

## FACULTY INFORMATION

Name : **DR. SANTOSH T SOANS**

Date of Birth & Age : **31/01/1962**

Present Designation : **Professor & HOD**

Department : **Paediatrics**

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

City : **Mangaluru**

Residential Address of employee : **# 8, Water Woods  
Kadri Kaibattal  
Sathyajithnagar  
Mangalore-575002**

Phone & Fax Number with Code : Office : **0824 – 2225533 (with STD code)**  
Residence : **0824 – 2222179 (with STD code)**  
E-mail address : **drsoans@yahoo.co.in**  
Mobile Number : **9886332179**

Date of joining present institution : **May 07, 2004 as Prof & HOD**



### **Qualifications:**

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	<b>Kasturba Medical College.</b>	<b>University of Mysore</b>	<b>October 1984</b>	<b>24632 dt. Jan 15, 1986</b>	<b>Karnataka Medical Council</b>
MD (Paediatrics)	<b>Kasturba Medical College.</b>	<b>Mangalore University</b>	<b>June 1989</b>	<b>24632 dt. Mar 18, 2004</b>	<b>Karnataka Medical Council</b>
D.C.H	<b>Kasturba Medical College,</b>	<b>Mangalore University</b>	<b>1988</b>		

## Details of the teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Resident	<b>Paediatrics</b>	<b>Kasturba Medical College,</b>	<b>01/08/1986</b>	<b>30/06/1989</b>	<b>3 Years</b>
Registrar	<b>Paediatrics</b>	<b>Kasturba Medical College,</b>	<b>01/03/1990</b>	<b>22/8/1990</b>	<b>5 Months 22 Days</b>
Assistant Professor	<b>Paediatrics</b>	<b>Fr. Mullers Medical College, Mangalore</b>	<b>17/04/1995</b>	<b>31/12/1999</b>	<b>4 Years 8 Months 14 Days</b>
Associate Professor	<b>Paediatrics</b>	<b>Fr. Muller Medical College, Mangalore</b>	<b>01/01/2000</b>	<b>05/05/2004</b>	<b>4 Years 4 Months 5 Days</b>
Professor & HOD	<b>Paediatrics</b>	<b>A.J.Institute of Medical Sciences &amp; Research Centre, Mangaluru</b>	<b>07/05/2004</b>	<b>Till Date</b>	