

FACULTY INFORMATION

Name : **Dr. Mangala Gowri Hegde A**
Date of Birth & Age : **May 19, 1987**
Present Designation : **Assistant Professor**
. Department : **OBG**
College : **A. J. Institute of Medical Sciences & Research Centre**
City : **Mangalore**
Permanent Address of employee : **#8/13/26
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Mobile Number : **9880901689**
Date of joining present institution : **November 03, 2014 as Assistant Professor**

Qualifications:

Qualification	College.	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	K.S.Hegde Medical Academy, Mangalore	RGUHS,	Aug 2010	89082 Dt:07.09.2010	Karnataka Medical Council
MS (OBG)	K.S.Hegde Medical Academy, Mangalore	NITTE University	Apr 2014	89082 Dt: 20.11.2014	Karnataka Medical Council

Details of the teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experienc e in years & months
Jr. Resident	OBG	K.S.Hegde Medical Academy, Mangalore	02/05/2011	10/05/2014	3 Years 8 Days
Assistant Professor	OBG	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	03/11/2014	Till Date	