

FACULTY INFORMATION

Name : **Dr. Harsha D.S**

Date of Birth & Age : **May 30, 1986**

Present Designation : **Associate Professor**

Department : **Respiratory Medicine**

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

City : **Mangaluru**

Permanent Address of employee : **D.No.4/80, Gowthama Nilaya
Near Bondel Chruuch
Kavoor
Mangalore - 575015**

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Date of joining present institution : **June 17, 2013 as Assistant Professor.**



Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Kasturba Medical College, Mangalore	Manipal University	2009	Reg. No.83827 Dt. 06.04.2009	Karnataka Medical Council
MD (Pulmonary Medicine)	A.J.Institute of Medical Sciences, Mangalore	RGUHS	May 2013	Reg. No.83827 Dt:	Karnataka 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
Jr. Resident	TB &Chest	A.J. Institute of Medical Sciences, Mangalore	02/05/ 2009	31/12/ 2009	8 Months
Jr. Resident	TB &Chest	A.J. Institute of Medical Sciences, Mangalore	25/05/ 2010	01/10/ 2012	2 Years 4 Months 7 Days
Senior Resident	TB &Chest	A.J. Institute of Medical Sciences, Mangalore	02/10/ 2012	31/05/ 2013	7 Months 29 Days
Assistant Professor	Respiratory Medicine	A.J. Institute of Medical Sciences & Research Centre, Mangalore	17/06/ 2013	22/06/2017	4 Years 6 Days
Associate Professor	Respiratory Medicine	A.J. Institute of Medical Sciences & Research Centre, Mangalore	23/06/2017	Till Date	