

FACULTY INFORMATION

Name : **Dr. Archana C Rao**

Date of Birth & Age : **07/05/1994**

Present Designation : **Junior Resident**

Department : **Anaesthesiology**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No. 205
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **D/o Dr. N. Chandrashekar
#143, Shree Gurukrupa
7th Main, 3rd Stage, Doctors Corner
Gokulum
Mysore - 02**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **aarche.75@gmail.com**
Mobile Number: **7411370645**

Date of joining present institution : **August 26, 2020 as Junior Resident**



Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	J.S.S. Medical College, Mysore	J.S.S. University	2018	No.125372 Dt:25/05/2018	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
Junior Resident - 1	Anaesthesia	A.J. Institute of Medical Sciences & Research Centre, Mangalore	26/08/2020	Till Date	