

FACULTY INFORMATION

Name : **Dr. Mahima C**

Date of Birth & Age : **13/03/1995**

Present Designation : **Junior Resident**

Department : **Anaesthesiology**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No. 410
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **D/o Mr. Chandrashekar Ulithaya
"Shivaganga"Kodavoor
Krodashrama Post
Udupi - 576106**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **mahima13m6806@gmail.com**
Mobile Number: **7676277350**

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	Srinivas Institute of Medical Sciences & Research Centre, Mukka	Rajiv Gandhi University of Health Sciences, Bangalore	2019	No.129911 Dt: 02/04/2019	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	