

FACULTY INFORMATION

Name : **Dr. Priya C**

Date of Birth & Age : **29/12/1995**

Present Designation : **Junior Resident**

Department : **Anaesthesiology**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.201
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **D/o Mr. Chinnappa
#285/1, Ambedkar Street
Kunagalli Village
Kollegal Taluk
Chamarajanagar District - 571442**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **priyachinappa5015@gmail.com**
Mobile Number: **9538409045**

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	Adichunchanagiri Institute of Medical Sciences, Bellur	Rajiv Gandhi University of Health Sciences, Bangalore	2019	No.130635 Dt: 22/04/2019	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, Mangaluru	26/08/2020	Till Date	