

FACULTY INFORMATION

Name : **Dr. Maria Nelliyanil**
Date of Birth & Age : **07/03/1983**
Present Designation : **Associate Professor**
Department : **Community Medicine**
College : **A.J. Institute of Medical Sciences &
Research Centre**
City : **Mangaluru**
Residential Address of employee : **C/o Dr. Nitin Joseph
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Date of joining present institution : **June 10, 2011** as **Assistant Professor**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Karnataka Inst. of Medical Sciences, Hubli	Rajiv Gandhi University of Health Sciences, B'lore	April 2007	77696 dt. June 12, 2007	Karnataka Medical Council
MD (Community Medicine)	Bangalore Medical College & Research Institute, Bangalore	Rajiv Gandhi University of Health Sciences, B'lore	May 2011	77696 Dt: 27.06.2011	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
Tutor	Community Medicine	Bangalore Medical College & Research Institute, Bangalore	01/06/ 2008	01/05/2011	3 Years
Assistant Professor	Community Medicine	A.J. Institute of Medical Sciences & Research Centre, Mangalore	10/06/ 2011	18/01/2017	5 Years 7Months 8 Days
Associate Professor	Community Medicine	A.J. Institute of Medical Sciences & Research Centre, Mangalore	19/01/2017	Till Date	