

FACULTY INFORMATION



Name : **Dr. Vishwas K Pai**

Date of Birth & Age : **16th Jan 1985**

Present Designation : **Senior Resident**

Department : **ENT**

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

City : **Mangaluru**

Residential Address of employee : **S/o H Kamalaksha Pai
605, Venkatraman Towers
Carstreet
Mangalore.**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
Residence: **0824-4251762(with STD code)**
E-mail address : **divika08@gmail.com**
Mobile Number : **9845513748, 9535620645**

Date of joining present institution : **July 06, 2015 as Senior Resident**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Kasturba Medical College, Mangalore.	Manipal Academy of Higher Education	2007	No. 79216 Dt: 12/03/2008	Karnataka Medical Council
MD/MS (ENT)	A.J.Institute Medical Sciences & Research Centre, Mangaluru	Rajiv Gandhi University of Health Sciences Bangalore	May 2015	No. 79216 Dt: 04/07/2015	Karnataka Medical Council

Details of the teaching experience

Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Junior Resident	ENT	A. J. Institute of Medical Sciences & Research Centre, Mangalore	13/06/2011	25/05/2012	11 Months 12 Days
Resident	ENT	A. J. Institute of Medical Sciences & Research Centre, Mangalore	26/05/2012	17/06/2015	3 Years 22 Days
Senior Resident	ENT	A. J. Institute of Medical Sciences & Research Centre, Mangalore	06/07/2015		