

FACULTY INFORMATION

Name : **Dr. Shreya Hegde**
Date of Birth : **Aug 14, 1981**
Present Designation : **Assistant Professor**
Department : **Pathology**
College : **A.J. Institute of Medical Sciences & Research Centre**
City : **Mangaluru**
Residential Address of employee : **Flat No. 403, Haribhaktha Apartment, Pintos Lane Mangalore.**



Phone & Fax Number with code : Tel(Office) : **0824-2225533**
E-mail address : **drshreyahegde@gmail.com**
Mobile Number : **9845442062**

Date of joining present institution : **September 01, 2012 as Assistant Professor**

Qualifications :

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	K.S.Hegde Medical Academy, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore	Apr 2005	70856 dt. 09.05.2005	Karnataka Medical Council
MD (Pathology)	Yenepoya Medical College, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore	May 2011	70856 dt. 24.06.2011	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
PG Resident	Pathology	Yenepoya Medical College, Mangalore	23/04/ 2008	20/06/ 2011	3 Years
Assistant Professor	Pathology	A. J. Institute of Medical Sciences & Research Centre, Mangalore	01/09/ 2012	Till Date	