

## **FACULTY INFORMATION**

Name : **Dr. Aswathy Rajan**  
Date of Birth & Age : **18/04/1987 – 31 Years**  
Present Designation : **Assistant Professor**  
Department : **Paediatrics**  
College : **A. J. Institute of Medical Sciences & Research Centre**  
City : **Mangaluru**



Permanent Residential Address of employee: **W/o Ashvij Shriyan  
#1-24/5, Nagakannika Temple Road  
Derebail Konchady  
Mangalore – 575 008**

Contact Particulars: Tel (Office) : **0824 – 2225533 (with STD code)**  
E-mail address : **ar\_aswathy@yahoo.com**  
Mobile Number : **8123550952**

Date of joining present institution : **August 22, 2014** as **Senior Resident**

### **Qualifications:**

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	<b>J.J.M. Medical College, Davangere</b>	<b>RGUHS University</b>	<b>Dec 2009</b>	<b>91885 dt. 06.04.2011</b>	<b>Karnataka Medical Council</b>
MD : Paediatrics	<b>A.J.Institute of Medical Sciences, Mangalore</b>	<b>RGUHS Bangalroe</b>	<b>May 2014</b>	<b>91885 dt. 025.08.2014</b>	<b>Karnataka Medical Council</b>

### **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	Paediatrics	A.J.Institute of Medical Sciences & Research Centre, Mangalore	25/04/2011	31/05/2014	3 Years 1 Month 6 Days

Senior Resident	Paediatrics	A.J.Institute of Medical Sciences & Research Centre, Mangalore	22/08/2014	02/08/2015	11 Months 11 Days
Assistant Professor	Paediatrics	A.J.Institute of Medical Sciences & Research Centre, Mangalore	03/08/2015	Till Date	