

FACULTY INFORMATION

Name : MR. LESLIE ALLAN GOMES

Date of Birth : JULY 24, 1973

Present Designation : Lecturer

Department : Microbiology

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

City : Mangaluru

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Date of joining present institution : August 16,2002 as Tutor



Qualifications :

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
M.Sc (Medical Microbiology)	Kasturba Medical College, Manipal	MAHE	1997	---	---

Details of the teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor	Microbiology	A J Institute of Medical Sciences & Research Centre, Mangalore	16/08/ 2002	31/05/ 2006	3 Years 9 Months
Lecturer	Microbiology	A J Institute of Medical Sciences & Research Centre, Mangalore	01/06/ 2006	Till Date	