

FACULTY INFORMATION



Name : **Dr. Shriyan Ashvij Rukkaya**

Date of Birth & Age : **11/05/1982**

Present Designation : **Assistant Professor**

Department : **Paediatrics**

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

City : **Mangaluru**

Residential Address of Employee : **#1-24/5, Nagakannika Temple Road
Derebail Konchady
Mangalore – 575 008**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **ashvijs@yahoo.co.in**
Mobile Number : **8971754617**

Date of joining present institution : **October 01, 2014 as Senior Resident**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Sri Siddhartha Medical College, Tumkur	RGUHS	2005	2008/03/044 6 Dt: 10.03.2008	Maharastra Medical Council
MD Paediatrics	Padmashree Dr. D.Y.Patil Medical College, Mumbai	Padmashree Dr. D.Y Patil University	Jun 2011	2008/03/044 6 Dt:03.08.2011	Maharastra Medical Council
Clinical Fellowship in Neonatology	Bharati Vidyapeeth Deemed University Medical College, Pune	Bharati Vidyapeeth Deemed University	2012		

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	Padmashree Dr. D.Y.Patil Medical College, Mumbai	01/06/2008	31/05/2011	3 Years
Senior Resident	Paediatrics	A.J.Institute of Medical Sciences & Research Centre, Mangaluru	01/10/2014	16/08/2015	10 Months 16 Days
Assistant Professor	Paediatrics	A.J.Institute of Medical Sciences & Research Centre, Mangaluru	17/08/2015	Till Date	