

FACULTY INFORMATION



Name : **Dr. Aditya M P**

Date of Birth & Age : **14/05/1996**

Present Designation : **Tutor**

Department : **Forensic Medicine**

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

City : **Mangaluru**

Residential Address of Resident : **S/o Mr. Prakash M S
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Date of joining present institution : **April 08, 2021 as Tutor**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	A.J.Institute of Medical Sciences & Research Centre, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore	2020	No. 138936 t.09/10/2020	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
Tutor	Forensic Medicine	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	08/04/2021	Till Date	