

## FACULTY INFORMATION

Name : **Dr. H Aishwarya**

Date of Birth & Age : **04/04/1994**

Present Designation : **Junior Resident**

Department : **Ophthalmology**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.607  
AJIMS&RC Campus,  
Mangalore**

Permanent Address of Resident : **D/o Dr. H Prabhakar  
# 16-7-429/1, Chirag  
Uaslane, Falnir  
Mangalore - 575002**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**  
E-mail address : **ariens004@gmail.com**  
Mobile Number : **9448461001**

Date of joining present institution : **May 02, 2019 as Junior Resident**



### Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	<b>Srinivas Institute of Medical Sciences</b>	<b>RGUHS University</b>	<b>March 2018</b>	<b>124882 Dt: 26/04/2018</b>	<b>Karnataka Medical Council</b>

### Details of the previous appointments/ experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
<b>Junior Resident - 1</b>	<b>Ophthalmology</b>	<b>A.J. Institute of Medical Sciences &amp; Research Centre, Mangalore</b>	<b>02/05/2019</b>	<b>01/05/2020</b>	<b>1 Year</b>
<b>Junior Resident - 2</b>	<b>Ophthalmology</b>	<b>A.J. Institute of Medical Sciences &amp; Research Centre, Mangalore</b>	<b>02/05/2020</b>	<b>01/05/2021</b>	<b>1 Year</b>
<b>Junior Resident - 3</b>	<b>Ophthalmology</b>	<b>A.J. Institute of Medical Sciences &amp; Research Centre, Mangalore</b>	<b>02/05/2021</b>	<b>Till Date</b>	