

FACULTY INFORMATION

Name : **Dr. Aishwarya Ranjith K T**

Date of Birth & Age : **01/04/1993**

Present Designation : **Junior Resident**

Department : **Dermatology**

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

City : **Mangaluru**

Campus Address of Resident : **Residents Quartets No.G6
AJIMS Campus,
Kuntikana, Mangalore**

Residential Address of Resident : **D/o Mr. Ranjith K T
Koyiloth Thekkayil House
Puthiyangadi
Puthiyangadi Kozhikode
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Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
Residence : **0495 – 2390377 (with STD code)**
E-mail address : **aish93rrj@gmail.com**
Mobile Number : **9611074730**

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	K.S. Hegde Medical College, Mangalore	NITTE University	Jan 2017	No: 117053 Dt: 13/02/2017	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
Junior Resident - 1	Dermatology	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	02/05/2019	01/05/2020	1 Year
Junior Resident - 2	Dermatology	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	02/05/2020	01/05/2021	1 Year
Junior Resident - 3	Dermatology	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	02/05/2021	Till Date	