

## **FACULTY INFORMATION**

Name : **Dr. Apoorva M Kottary**

Date of Birth & Age : **10/06/1995**

Present Designation : **Junior Resident**

Department : **General Medicine**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.106  
AJIMS&RC Campus,  
Mangalore**

Permanent Address of Resident : **D/o Mr. Manoj Attavar  
Flat No.304  
Kadri Towers  
Alvares Road, Kadri  
Mangalore - 575002**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**  
E-mail address : **apoorvakottary@gmail.com**  
Mobile Number : **7204651151**

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 2019</b>	<b>No:129014 Dt: 25/03/2019</b>	<b>Karnataka Medical Council</b>

### **Details of the teaching 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>General Medicine</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>General Medicine</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>General Medicine</b>	<b>A.J. Institute of Medical Sciences &amp; Research Centre, Mangalore</b>	<b>02/05/2021</b>	<b>Till Date</b>	

